

L100000081321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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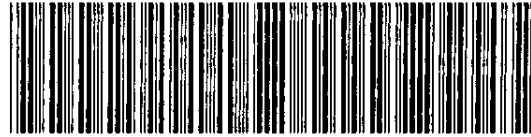
(Business Entity Name)

(Document Number)

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11 MAR - 7 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

MAR - 8 2011

EXAMINER



250 N. Westlake Blvd. | Suite 240 | Westlake Village, CA 91362

March 2, 2011

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
11 MAR -7 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RE: MUSCLE GIRLZ LIVE, LLC

To whom it may concern:

The Enclosed Articles of Amendment and Fee(s) are submitted for filing.
Also, please find enclosed a check for state filing fees in the amount of **\$25.00**
made payable to the FL Dept of State. For information to this filing at the
undersigned.

Thank you in advance and please return all correspondence in regards to this filing
using the pre addresses stamped envelope included.

Sincerely,

Amanda J. Beren, Document Processor
CorpNet™, Incorporated
888-449-2638 Ext. 105
aberen@corpnet.com

Toll-Free: 888-449-2638
Direct/Int'l: 805-449-2638
Fax: 805-449-2639 | info@corpnet.com

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MUSCLE GIRLZ LIVE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/02/2010 and assigned
Florida document number L10000081321.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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TALLAHASSEE, FLORIDA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

11 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:


MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Kris Clark	18803 Avenue Biarritz Lutz, Florida 33558	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Julia Schatz	18803 Avenue Biarritz Lutz, Florida 33558	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated MARCH 02, 2011



Signature of a member or authorized representative of a member

Melody Spetko, Member

Typed or printed name of signee