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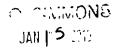
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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: <u>American</u>	MUSCIE LABS, L Name of Limited Liability Company	, L C .
The enclosed Articles of Amendment and	fee(s) are submitted for filing.	
Please return all correspondence concerni	ng this matter to the following:	
Nicr	Name of Person	1 mariano
<u>AM e</u>	rican Musch Firm/Company	e Labs, LLC.
<u> </u>	5 POWERING	2d. #409
	F LAUDEY Date, City/State and Zip C	
<u> </u>	e 5 @ am er 10 m	muscle Labs. (0
For further information concerning this in	atter, please call:	
Madison Morto Name of Person	n at (45) Area Code	Daytime Telephone Number
Enclosed is a check for the following amo	ount:	
\$25.00 Filing Fee S30.00 Filing Certification	ing Fee & S55.00 Filing F te of Status Certified Copy (additional copy i	y Certificate of Status &

### MAILING ADDRESS:

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

### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

American Muscle	Labs, LL(. 6	
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appéars on our records.) Jiability Company)	
The Articles of Organization for this Limited Liability Company Florida document number LIAOOOO2288.2	were filed on 02/04/14 and assigned	
This amendment is submitted to amend the following:	ए	
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "L.L.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	6555 powerline RD.	
(Principal office address MUST BE A STREET ADDRESS)	H 409	
	Fort Lauderdale, FL 3;	<u> </u>
	6555 powerline FD	
Enter new mailing address, if applicable:	H 409	
(Mailing address MAY BE A POST OFFICE BOX)	Fort Lauderdaie, FL3	<u>3</u> 30
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		<u>e new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as public, being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document	1

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member <u>Title</u> Address Type of Action 6555 POWEVLINE VOad David Nicholas MGP Robau #409 Fortlanderdalp, FL 33309 401 Cast las oras BIVO DAdd Madison Lindsey Morton SUITE 1650 FORT LAU der dale FL 33301 Change MGE Nicholas Michael 6955 powerline road and Mariano # 409 FOrt Lauderdale, FL 35309 Change <u>--</u>□ Remove Change 전 전 Add \_□ Remove ☐ Change ☐ Add □ Remove

Change

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record specifies a delaye The 90th day after the re	ed effective date, but not a ecord is filed.	in effective time, at 12:01	a.m. on the earlier o
nted 01/01/201	A misin		

Page 3 of 3

Filing Fee: \$25.00

 $\underline{\text{EXHIBIT A}}$  MEMBERS; CAPITAL CONTRIBUTIONS; MEMBERSHIP UNITS

Member Name and Address	Capital Contribution	Membership Units	Membership Percentage
Nicholas Michael Mariano 6555 Powerline Road #409 Fort Lauderdale, FL 33309	\$100.00	70	70%
David Nicholas Robau 6555 Powerline Road #409 Fort Lauderdale, FL 33309	\$100.00	30	30%