

L14000169607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

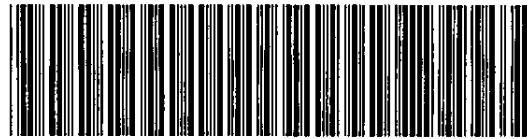
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 19 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MUSCLE DESIGNERS DOLPHIN LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MONICA USCATEGUI

Name of Person

GREENLIGHT FINANCIAL LLC

Firm/Company

5301 BLUE LAGOON DRIVE, SUITE 180

Address

MIAMI, FL 33126

City/State and Zip Code

JADER@MUSCLEDESIGNERS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MONICA USCATEGUI

at (305) 860-5970

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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

MUSCLE DESIGNERS DOLPHIN LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	JADER AMORIM	11401 NW 12 STREET, SUITE 242	<input type="checkbox"/> Add
		MIAMI, FL 33172	<input checked="" type="checkbox"/> Remove
AMBR	MUSCLE DESIGNERS, INC.	11401 NW 12 STREET, SUITE 242	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33172	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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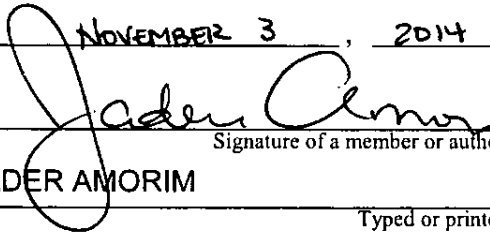
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TALLAHASSEE FLORIDA

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated NOVEMBER 3, 2014



Signature of a member or authorized representative of a member
JADER AMORIM

Typed or printed name of signee

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TALLAHASSEE, FLORIDA