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COVER LETTER

Division of Con			
MUSCLI	E DESIGNERS DOLPH	IIN LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MONICA USCATEO	GUI	
		Name of Person	
	GREENLIGHT FINA	ANCIAL LLC	
		Firm/Company	
	5301 BLUE LAGOC	N DRIVE, SUITE 180	
		Address	
	MIAMI, FL 33126		
	JADER@MUSCLED E-mail address: (City/State and Zip Code ESIGNERS.COM to be used for future annual report notif	ication)
For further information of	oncerning this matter, please c	all:	,
MONICA USCATE	:GUI	305 860-5970	
Name o	f Person		Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MUSCLE DESIGNERS DOLPHIN LLC

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

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Articles of Organization for this Limited Liability Company were filed on 10/31/2014 and assigned Florida document number L14000169603 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) 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

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 605, 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

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 Title **Type of Action** <u>Name</u> Address AMBR JADER AMORIM 11401 NW 12 STREET, SUITE 242 □ Add MIAMI, FL 33172 ■ Remove MUSCLE DESIGNERS, INC. 11401 NW 12 STREET, SUITE 242 AMBR ■ Add MIAMI, FL 33172 ☐ Remove ☐ Add ☐ Remove □ Add □ Remove □ Add ☐ Remove

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effect	ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after his document is filed by the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE