

L14 0001 69626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

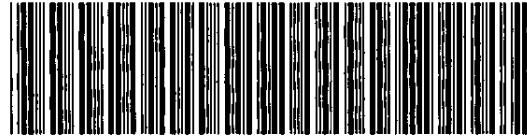
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers NOV 19 2014

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MUSCLE DESIGNERS DOWNTOWN 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**

**305 860-5970**  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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

MUSCLE DESIGNERS DOWNTOWN LLC

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14 NOV 12 02:11:29  
SECRETARY OF STATE  
TALAMASSIO, FLORIDA  
Zip Code

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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			<input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA  
NOV 12 2008

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

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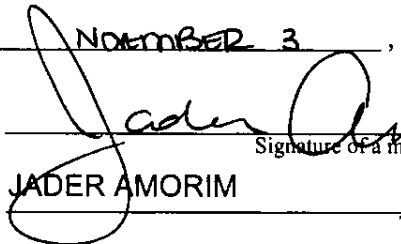
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(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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