## L14 0001 69626

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SECRETARY OF STATE
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J. Shivers NOV 1 9 701%

## **COVER LETTER**

TO:	Registration Solvision of Con			
SUBJE	MUSCLI	E DESIGNERS DOWNT	OWN LLC	
SUBJE	CI	Name of Limi	ited Liability Company	
The end	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Plèase i	eturn all corresp	ondence concerning this matter	to the following:	
		MONICA USCATEG	UI	
			Name of Person	
		GREENLIGHT FINA	NCIAL LLC	
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		5301 BLUE LAGOO	N DRIVE, SUITE 180	
			Address	
		MIAMI, FL 33126		
		<del></del>	City/State and Zip Code	
		JADER@MUSCLED		
F C	da a a ta <b>r</b> a a a a a a ta	·	to be used for future annual report notif	ication)
ror tur	iner information	concerning this matter, please ca	all:	
MON	ICA USCATE	EGUI	305 860-5970	
	Name	of Person		e Telephone Number
Enclose	ed is a check for	the following amount:		
\$25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fec & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regis	LING ADDRESS: tration Section ion of Corporations	STREET/COURI Registration Sectio Division of Corpor	n

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## MUSCLE DESIGNERS DOWNTOWN LLC

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

(A FII	orida Limited Liability Company)	
The Articles of Organization for this Limited Liability	ty Company were filed on 10/31/2014	and assigned
Florida document number L14000169620	·	
This amendment is submitted to amend the following	g:	
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 ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	0	
B. If amending the registered agent and/or r	registered office address on our records, enter t	he name of the new
registered agent and/or the new registered office		ne name of the new
	7	d Piton
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	N Game
<del>-</del>	, Florida	Zip Colle
New Registered Agent's Signature, if changing Regis	ئىم	Zip Gode
<u></u>	73	<i>≫</i> №
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a	rent and agree to act in this capacity. I further agr, and complete performance of my duties, and I am fa	ee to comply with the miliar with and
accept the obligations of my position as registere	ed agent as provided for in Chapter 605, F.S. Or, i	f this document is
being filed to merely reflect a change in the regis- company has been notified in writing of this chan	stered office address, I hereby confirm that the lim	ited liability
company has been notified in writing by this chur	<u>.</u>	

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

tive date, if other than the date of filing:	(optional) of receipt or filed date and cannot be more than 90 days after
fective date must be specific, cannot be prior to date of the this document is filed by the Florida Department of	of receipt or filed date and cannot be more than 90 days after of State)
NOTOBER 3	2014
ade la	mber or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

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