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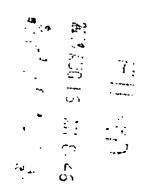
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO:

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ar banzer.	Muscle Ja			
SUBJECT:			ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ondence concerning this matter	to the following:	
		Lisa Wilcox, Esquire		
		-	Name of Person	
		Wilcox Law, PA		
			Firm Company	
		721 1st Ave N,		
		St. Petersburg, FL 33701	Address	 -
		lisa@wilcoxlawpa.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report not	ification)
For further i	information c	oncerning this matter, please ca	all:	
Lisa Wilco	x, Esquire		888 945-2695	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	ne 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)
	Registr Divisie P.O. Be	ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	STREET/COUR Registration Section Division of Corpor Clifton Building 2661 Executive Co	on rations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MUSCLE JACK, LLC			•
(Name of the Limi	ted Liability Company (A Florida Limited Lia	rus it now appears on our record bility Company)	<u>k.</u>)
The Articles of Organization for this Limited L Florida document number L16000202792	.iability Company w 	vere filed on 11/03/2016	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name o	of the limited liabili	ty company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liability	y Company," the designation "LLC	7" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent and/or the new registered of	l/or registered offi		ls, enter the name of the n
Name of New Registered Agent:	LISA R. WILCO	X, ESQ	
New Registered Office Address:	721 Ist Avenue	N	
	•	Enter Florida street addre	8.8
	St Petersburg	, F.	lorida <u>33701</u>
	·— · —	City	Zip Code

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

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, Signatur on New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Warren Blikken	2637 E ATLANTIC BLVD #39635 POMPANO BEACH, FL 33062	🗖 Add
	•		🛱 Remove
			Change
AMBR	Andrew Blikken	2637 E ATLANTIC BLVD #39635 POMPANO BEACH, FL 33062	∃ Add
			Remove
			Change
		 	
			☐ Remove
	•	•	Change
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			Change

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Filing Fee: \$25.00