

116000 202 792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

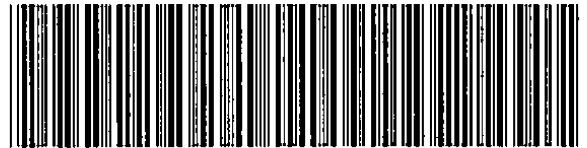
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2019 SEP 13 PM 2:13

Amend

SEP 13 2019

1 ALBERTA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Muscle Jack, 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:

Lisa Wilcox, Esq

Name of Person

Wilcox Law PA

Firm Company

721 1st Ave N

Address

St Petersburg, Florida 33701

City/State and Zip Code

lisa@wilcoxlawpa.com

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

For further information concerning this matter, please call:

Lisa Wilcox

888

945-2695

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

2013

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

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

POMPANO BEACH, FL 33062

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
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

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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	WAYNE BLIKKEN	2637 E ATLANTIC BLVD	<input type="checkbox"/> Add
		#39635	<input checked="" type="checkbox"/> Remove
		POMPANO BEACH, FL 33062	<input type="checkbox"/> Change
AMBR	ANDREW BLIKKEN	2637 E ATLANTIC BLVD	<input checked="" type="checkbox"/> Add
		#39635	<input type="checkbox"/> Remove
		POMPANO BEACH, FL 33062	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

1. **Introduction:** This document provides a detailed overview of the project's objectives, scope, and the methodology employed for data collection and analysis.

2. **Methodology:** The research methodology involves a combination of qualitative and quantitative approaches, including interviews, surveys, and content analysis.

3. **Data Collection:** Data was collected through a series of structured interviews and surveys, ensuring a comprehensive understanding of the research topic.

4. **Analysis:** The collected data was analyzed using statistical methods and thematic analysis to identify key findings and trends.

5. **Conclusion:** The study concludes that the research objectives have been met, and the findings provide valuable insights into the research area.

6. **References:** A list of references is provided at the end of the document, citing the sources used in the research.

7. **Appendix:** The appendix contains supplementary information, including raw data, interview transcripts, and additional figures.

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated August 27

2019

Signature of a member or authorized representative of a member

Lisa Wilcox, Esquire

Typed or printed name of signee