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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 SEP 17 AM 10:09

N. COOPER

SEP 20 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Muscle Skullz
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:

Allen Hudson
Name of Person

Firm/Company

16096 Seminole Blvd
Address

Brooksville, FL 34601
City/State and Zip Code

cgh0818@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Allen Hudson at (727) 735-1079
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount.

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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
2601 Executive Center Circle
Tallahassee, FL 32301

Muscle Skull 2

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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>
mgr	Conetta G Hudson	11096 Seminole Blvd	<input type="checkbox"/> Add
		Brooksville FL 34601	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

SECRETARY OF STATE
DIVISION OF ORGANIZATION

18 SEP 17 AM 10:09

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

Sept 6

298

ADK

Signature of a member or authorized representative of a member

Allen Hudson

Typed or printed name of signer