

L20000133643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

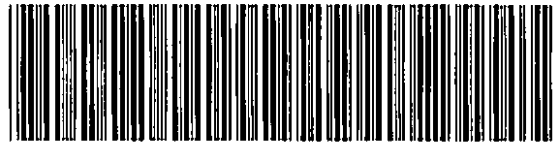
(Business Entity Name)

(Document Number)

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D. BRUCE
AUG 12 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Muscle Headzz, 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:

Keven Gilber

Name of Person

Muscle Headzz, LLC

Firm/Company

330 49th Street South

Address

St Petersburg, FL 33707

City/State and Zip Code

Suavea727@gmail.com

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

For further information concerning this matter, please call:

Keven Gilber

727 768-4857
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Muscle Headzz, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 5/18/2020 and assigned
Florida document number 120000133643.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4604 49th Street North

Suite 1199

Saint Petersburg, FL 33709

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4604 49th Street North

Suite 1199

Saint Petersburg, FL 33709

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Lafrances Simmons

New Registered Office Address:

4604 49th Street North

Enter Florida street address

St Petersburg

City

Florida 33709
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, Signature of New Registered Agent

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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	A'meir Gilbert	330 49th Street South	<input type="checkbox"/> Add
		St Petersburg, FL 33707	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Zyeir Gilbert	330 49th Street North	<input type="checkbox"/> Add
		St Petersburg FL 33707	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kimya Harris	330 49th Street North	<input type="checkbox"/> Add
		St Petersburg, FL 33707	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Keven Gilber	330 49th Street South	<input type="checkbox"/> Add
		St Petersburg, FL 33707	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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(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)

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 24th day of June 2020


Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Keven Gilber

Typed or printed name of signee