

L23 000 319903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

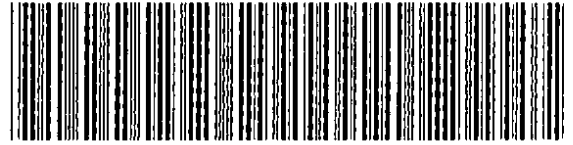
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A. RIVERS

AUG 26 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Muscle Munchies 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:

Jeffrey Cirks

Name of Person

Firm/Company

24 dogwood circle

Address

Boynton beach, Fl 33436

City/State and Zip Code

jcirks79@gmail.com

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

For further information concerning this matter, please call:

Jeffrey Cirks

772

485-5699

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

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 add 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	JEFFREY P CIRKS JR	24 DOGWOOD CIRCLE,	<input checked="" type="checkbox"/> Add
		BOYNTON BEACH FL,33436	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CAROLYN TUNON	13796 KAISER TRAIL	<input checked="" type="checkbox"/> Add
		DELRAY BEACH 33484	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOVANI CAPRIO	JOVANI CAPRIO	<input checked="" type="checkbox"/> Add
		608 SEALOFTS DR UNIT 205	<input type="checkbox"/> Remove
		Boynton Beach Fl,33426	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input 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
			<input type="checkbox"/> Change

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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)

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