

P000000088728

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Amend
10 11/5/10

COVER LETTER

**TO: Amendment Section
Division of Corporations**

NAME OF CORPORATION: Pro Fitness Center Inc.

DOCUMENT NUMBER: P000000088728

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amanda Sheldon
Name of Contact Person

Pro Fitness Center Inc.
Firm/ Company

1313 SW 22 STREET SUITE B
Address

MIAMI, FL 33145
City/ State and Zip Code

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

For further information concerning this matter, please call:

Amanda Sheldon at (305) 857 9223
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Pro Fitness Center, Inc.

P00000088728

ts the following

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If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:
(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>Canizares, Roy</u>	<u>1313 SW 22 STREET</u> <u>SUITE B</u> <u>MIAMI, FL 33145</u>	☐ Add ☒ Remove
<u>VP</u>	<u>THAIS CANIZARES</u>	<u>1313 SW 22 STREET</u> <u>SUITE B</u> <u>MIAMI, FL 33145</u>	☐ Add ☒ Remove
<u>P</u>	<u>Amanda Sheldon</u>	<u>1313 SW 22 STREET</u> <u>SUITE B</u> <u>MIAMI, FL 33145</u>	☒ Add ☐ Remove

(See additional sheet)

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Act</u>
<u>P</u>	<u>Ryan ArnaiZ</u>	<u>1313 SW 22 STREET</u> <u>SUITE 3</u> <u>MIAMI FL 33145</u>	☒ Add

The date of each amendment(s) adoption: October 1, 2010
(date of adoption is required)
Effective date if applicable: October 1, 2010
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____"
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated _____

Signature _____

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

ROY CANIZARES

(Typed or printed name of person signing)

President

(Title of person signing)