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SECRETARY OF STATE

2025 JUN 16 PM 6: 20

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## . COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: HCLieve Total Filmess, Juc.
DOCUMENT NUMBER: <u>POLOOOO 6732</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
James Labadie Name of Contact Person
Name of Contact Person
Name of Contact Person  Achieve Total Fitness, Inc.  Firm/ Company
13366 Alton Nd
Address
Polny Beach Cardins, FC 77418  City/ State and Zip Code
·
into Co future proofparent. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
James Labadie at 813 469-1100  Name of Contact Person Area Code & Daytime Telephone Number
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  Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address
Amendment Section Amendment Section
Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, Fl. 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment	_		
to Articles of Incorporation	ALE ALE	2025	
of (	A 20		
Achieve total Fitness, Inc.	ASS	<b>≈</b>	<u> </u>
(Name of Corporation as currently fred with the Florida Dept. of State)	£.0 √.	5	ini i
POLOGOO (9732)  (Document Number of Corporation (if known)	E. F.	PH	(i)
(Document Number of Corporation (if known)	TATE DRIC	ر 9	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the followits Articles of Incorporation:	ving amer		ıt(s) to
A. If amending name, enter the new name of the corporation:	***1		
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbrevia "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must con "chartered," "professional association," or the abbreviation "P.A."	the ation "Co tain the	new rp.," word	
B. Enter new principal office address, if applicable: 17366 Alton	Rd		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)    133 6 6 A 1 + 6 4	2451	<u></u>	33 4 (f
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		 	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:		_	
Name of New Registered Agent			
(Florida street address)			
New Registered Office Address:, Florida,	ip Code)		
(City)	<i>ір</i> С <i>оае)</i>		
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the positio	n.		
Signature of New Registered Agent, if changing	<del></del> -		

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doc		
X Remove	<u>V</u>	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	2	<u>Addres</u> s
1) Change				 
Add				
Remove				
2) Change		<u> </u>		 
Add				
Remove 3) Change		<u></u>		 
Add				
Remove				
4) Change				 
Add				
Remove				
5) Change				 
Add				
Remove				
6) Change				 
Add				
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	
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If an amendment provides for an exchange and a second provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	administration (vintaline) in the annual manner is the	
		····
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· · · · •		
The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date with partment of State's records.	Il not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adoption was not required.	oted by the incorporators, or board of directors without shareholder action an	d shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
must be separately provided for a "The number of votes cast f by	(Typed or printed name of person signing)	PILED 2025 JUN 16 PM 6: 20 SECRETARY OF STATE TALLAHASSEE, FLORIDA
	Tresident	

(Title of person signing)