## P20 0000 33529

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Amend

TALE ATTOR

## COVER LETTER

**TO:** Amendment Section

Division of Cor	porations		•	
NAME OF CORPO	DRATION: SINFIT NUTRITE	ON INC	· · · · · · · · · · · · · · · · · · ·	
DOCUMENT NUM	1BER: P20000033529			
The enclosed Article	s of Amendment and fee are su	ibmitted for filing.		
Please return all corr	respondence concerning this ma	atter to the following:		
	DAVID LOVATT			
		Name of Contact Person		
	SINFIT NUTRITION INC	Name of Contact Person	ı	
	<del></del>	Firm/ Company		
	1732 IST AVE #25955	, ,		
		Address		
	NEW YORK NY 10128			
		City/ State and Zip Code	e ————————————————————————————————————	
	DAVID.LOVATT@GENTF	ECH.GROUP		
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	ion concerning this matter, plea	se call:		
DAVID LOVATT		at ( 347	de & Daytime Telephone Number	
Name	e of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations		Street Address Amendment Section Division of Corporations The Centre of Tallahassee		
P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of SINFIT NUTRITION, INC

## (Name of Corporation as currently filed with the Florida Dept. of State)

P200000335	29
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
	202
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	:::: [2]
D. If amonding the assistant and assistant and a second of the second of	i.S.
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre	
Name of New Registered Agent	
(Florida s	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian	
Signature of New	Registered Agent, if changing
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> <u>John</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	CEO, D	LEONARD K ARMENTA JR.	1732 IST AVE #25955
X Add			NEW YORK, NY, 10128
Remove			
2) Change	PTSD	DAVID LOVATT	1732 IST AVE #25955
X Add			NEW YORK, NY, 10128
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Au	ach additional	dding additional A sheets, if necessar	v). (Be speci	fic)	<b>_</b>		
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'. <u>II a</u> pr	<u>n amendment</u> ovisions for in	provides for an enplementing the a	xchange, recla	assification, or not contained	<u>cancellation of</u> in the amendm	issued shares, ent itself:	
-	(if not applic	able, indicate N/A)	)				
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		-					
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	JULY 22 2020	
The date of each amendment(s date this document was signed.	) adoption:	, if other than the
Effective date <u>if applicable</u> :	ULY 22 2020	
<u> </u>	(no more than 90 days after amendment f	file date)
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing required Department of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors withou	t shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for sufficient for approval.	r the amendment(s)
	approved by the shareholders through voting groups. The for each voting group entitled to vote separately on the an	
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
JULY 2	2 2020	
DatedSignature	Loral	
(By sele	a director, president or other officer – if directors or office eted, by an incorporator – if in the hands of a receiver, trustinted fiduciary by that fiduciary)	
	DAVID LOVATT	
	(Typed or printed name of person signing)	
	SECRETARY	
	(Title of person signing)	