# N 128000 1198/

| (Re                     | questor's Name)   | _           |
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| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Nar | me)         |
| (Do                     | cument Number)    |             |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
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Office Use Only



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C. CARROTHERS

#### **COVER LETTER**

TO: Amendment Section Division of Corporations

| Athletic Club Mi   |   |   |
|--|---|---|
| N12000011981   |   |   |
| DOCUMENT NUMBER:   |   |   |
| The enclosed Articles of Amendment and fee are subr  | nitted for filing.  |   |
| Please return all correspondence concerning this matte   | er to the following:  |   |
| Gabor Pasztor  |   |   |
|  | (Name of Contact Pe   | rson)   |
| Athletic Club Miami, Inc.  |   |   |
|  | (Firm/ Company  | )   |
| 3440 NW 11th Place, Apt. 202   |   |   |
|  | (Address)   |   |
| Miami, FL 33127  |   |   |
|  | (City/ State and Zip C  | Code)   |
| citius1sport@gmail.com   |   |   |
| E-mail address: (to be used  | for future annual rep   | ort notification)   |
| For further information concerning this matter, please   | call:   |   |
| Gabor Pasztor  |   | 877-71-86   |
| (Name of Contact Person)   | at (<br>(Area   | a Code & Daytime Telephone Number)  |
| Enclosed is a check for the following amount made page   | yable to the Florida D  | Department of State:  |
| ■ \$35 Filing Fee  \$43.75 Filing Fee & Certificate of Status                                  | □\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed) | Certificate of Status   |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Am<br>Div<br>Clii   | eet Address endment Section ision of Corporations fron Building I Executive Center Circle |

Tallahassee, FL 32301

## **Articles of Amendment Articles of Incorporation**

| Athletic Club Miami, Inc.  |                                      |  |
|--|--------------------------------------|--|
| (Name of Corporation as currently  | filed with the Florida Dept.         | of State)  |
| 12000011981  |                                      |  |
| (Docu  | ment Number of Corporation (         | if known)  |
| rsuant to the provisions of section 617 H  | NA Florida Statutes this <i>Flor</i> | ida Not For Profit Corporation adopts the foll   |
| endment(s) to its Articles of Incorporation  |                                      | To the second se |
| If amending name, enter the new name   | ne of the corporation:               | me -   |
| ot Applicable.   |                                      |  |
|  | .1 14 .7 27 44                       |  |
| me must be distinguishable and contain<br>ompany" or "Co." may not be used in t  |                                      | ncorporated" or the abbreviation "Corp." &   |
|  | 1900 N                               | Bayshore Dr. Apt 2210  |
| Enter new principal office address, if rincipal office address MUST BE A ST  | applicable:<br>REET ADDRESS ) Miami, | FL 33132   |
| Forten was a series of discount of the series of the serie |                                      |  |
| Enter new mailing address, if application (Mailing address MAY BE A POST O   |                                      | W 11th Place, Apt 202  |
| <u> </u>   |                                      | FL 33127   |
|  |                                      |  |
| If amending the registered agent and   | or registered office address         | in Florida, enter the name of the  |
| new registered agent and/or the new  |                                      | III I JOI May circor tine name or the  |
| Name of New Registered Agent:  | Not Applicable                       |  |
|  | Not Applicable                       |  |
| New Registered Office Address:   | (Florida stree                       | t address)   |
| •  | Not Applicable                       | . Florida  |
|  | (City)                               | (Zip Code)   |
|  |                                      | •  |

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Not applicable

Signature of New Registered Agent, if changing

Page 1 of 4

## 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 X Remove X Add | <u>V</u> <u>M</u> | ohn <u>Doe</u><br>like Jones<br>ally Smith |  |
|----------------------------------|-------------------|--|--|
| Type of Action (Check One)       | <u>Title</u>      | <u>Name</u>                                | Address                                |
| 1) Change                        | N/A               | Not Applicable                             |  |
| Add                              |                   |  |  |
| Remove                           |                   |  |  |
| 2) Change                        | <del> </del>      |  |  |
| Add                              |                   |  |  |
| Remove                           |                   |  |  |
| 3) Change                        |                   |  |  |
| Add                              |                   |  | _                                      |
| Remove                           |                   |  |  |
| Kemove                           |                   |  |  |
| 4) Change                        |                   | ***  | ****                                   |
| Add                              |                   |  |  |
| Remove                           |                   |  |  |
|                                  |                   |  |  |
| 5) Change                        |                   | ***  |  |
| Add                              |                   |  |  |
| Remove                           |                   |  |  |
|                                  |                   |  |  |
| 6) Change                        |                   |  |  |
| Add                              |                   |  | ************************************** |
| Remove                           |                   |  |  |

| E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) |  |  |  |  |
|---|--|--|--|--|
| Please add that to our Articles of Incorporation we are a Non-profit Public Charity   |  |  |  |  |
| with a 501(c)(3) status.  |  |  |  |  |
| I attached the proof of the 501(c)(3) Public Charity Status.  |  |  |  |  |
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| The  | date of each amendment                                      | Not Applicable  | , if other than the |
|------|---|---|---------------------|
| date | this document was signed ective date <u>if applicable</u> : | Not Applicable  |                     |
|      |   | (no more than 90 days after amendment file date)  |                     |
| Ado  | option of Amendment(s)                                      | (CHECK ONE)   |                     |
|      | The amendment(s) was/w<br>was/were sufficient for ap        | rere adopted by the members and the number of votes cast for the amendment(s) approval.   |                     |
|      | There are no members or adopted by the board of o           | members entitled to vote on the amendment(s). The amendment(s) was/were lirectors.  |                     |
|      | Dece<br>Dated   | ember 1st, 2014   |                     |
|      |   | Parlar Galow  |                     |
|      | (By the have n  | chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary) | _                   |
|      | Gabor Pa  | asztor  |                     |
|      | Presiden  | (Typed or printed name of person signing)   |                     |
|      | <del></del>   | (Title of person signing)   |                     |

DEPARTMENT OF THE TREASURY

INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201

Date: FEB 1 4 2014

CITIUS ATHLETIC CLUB MIAMI INC C/O GABOR PASZIOR 1900 N BAYSHORE DR MIAMI, FL 33132 Employer Identification Number:
46-1757548

DLN:
17053042304003

Contact Person:
JOHN M WHITE ID# 52118

Contact Telephone Number:
(877) 829-5500

Accounting Period Ending:
December 31

Public Charity Status:
509(a)(2)

Form 990 Required:
Yes
Effective Date of Exemption:
December 28,2012
Contribution Deductibility:
Yes
Addendum Applies:

#### Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

No

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Sincerely,

Director, Exempt Organizations

Enclosure: Publication 4221-PC