## N1400000643

(Re	equestor's Name)	
(Ad	ldress)	
	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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C. CARROTHERS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Youth Heal	Ith & Fitness Foo	undation, Inc.		
	BER: N140000069				
	of Amendment and fee are su				
Please return all corres	spondence concerning this ma	tter to the following:			
	Stewart Mirmelli				
		Name of Contact Person	n		
	The Mirmelli Law Firm, P.A.				
		Firm/ Company			
	340 West Flagler Street, Suite 209				
	Address				
	Miami, FL 33130				
		City/ State and Zip Cod	е		
doli	iveira@drrt.com				
		sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call·			
i or initial information	reoncoming this matter, pieas	se can.			
Diana Oliveira		<sub>at (</sub> 305	, 760-8002		
Name o	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check fo	r 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)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301		

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

FILED

14 AUG 27 MHO: 32

Youth Health & Fitness Foundation, Inc.

SECRETAGET OF THATE. TALEMHASSES, FLOMDA (Name of Corporation as currently filed with the Florida Dept. of State)

nent(s) to

1400000693			
(Documer	nt Number of Corporation (	if known) →	
rsuant to the provisions of section 607. Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation	adopts the following am
If amending name, enter the new na	ame of the corporation:		
			The
ne must be distinguishable and con orp.," "Inc.," or Co.," or the design rd "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional corp	
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS		340 West Flag	gler Street
		Suite 203	
		Miami, FL 331	130
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		340 West Flaç	gler Street
		Suite 203	
		Miami, FL 331	30
If amending the registered agent an new registered agent and/or the nev			name of the
•	The Mirmelli La	<del>-</del>	
Name of New Registered Agent		•	<u></u>
		er Street, Suite 20	<del></del>
	Miami	•	<sub>ida</sub> 33130
New Registered Office Address:		FIOT	0a ·

New Registered Agent's Signature, if changing Re	egistered Agent:
I hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position
Mu	und 1
	New Registered Agent, if changing
Signature of the	ten negisterea Agent, y changing

## 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: XChange	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Р	Alexander Reus	340 West Flagler Street
Add			Suite 209
Remove			Miami, FL 33130
2) Change			
Add			
Remove			- 1100
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

tach addition	adding additional A al sheets, if necessary	y). (Be specific	·)		
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ın amendme	nt provides for an e	xchange, reclass	<u>ification, or can</u>	cellation of issue	d shares,
rovisions for	implementing the a licable, indicate N/A	mendment if no	t contained in th	<u>ie amendment its</u>	<u>elf:</u>
(ij noi uppi	icable, malcule WA,	,			
		<del></del>			

date this document was signed.	ption:	, if other than th
Effective date if applicable:		
Effective date in applicable.	(no more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
	ved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by Incorporator		
	(voting group)	
The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder	
Dated_August 22	2, 2014	
selected,	ctor, president of other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court if fiduciary by that fiduciary)	
<u>A</u>	lexander Reus	<u></u>
	(Typed or printed name of person signing)	
P	resident	
<del></del>	(Title of person signing)	<del></del>