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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: The Cage I	mmd fitness centers, Inc.
DOCUMENT NUMBER:	CORP ID 80-0162256
The enclosed Articles of Amendment and fee are sub	mitted for filing.
Please return all correspondence concerning this matt	ter to the following:
Tony Lutze (Name of Cont	act Person)
THE cage mma fith	npany)
1164 E Oakland PARK	
Oakland Palk Fl	33334
(City/ State and	e call:
Tony Lutze (Name of Contact Person)	at (454) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Florida Department of State:
\$35 Filing Fee \$\times \text{Certificate of Status}	\$43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed)  \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amendment Section  Division of Corporations  P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment**

**Articles of Incorporation** (Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

incorporated" or the abbreviation "Corp Co". A professional corporation n ssociation," or the abbreviation "P.A."	e and contain the word "corporation o.," "Inc.," or Co.," or the designation name must contain the word "charter	"Corp," "Inc," or
. Enter new principal office address, if a Principal office address <u>MUST BE A STR</u>		
. Enter new mailing address, if applica	ıble:	
(Mailing address <u>MAY BE A POST OF</u>	FICE BOX)	
. If amending the registered agent and/onew registered agent and/or the new r		enter the name of th
Name of New Registered Agent:		
Name of New Registered Agent:  New Registered Office Address:	(Florida street address)	<del></del>
	(Florida street address) (City)	, Florida (Zip Code)

## 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)

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The date of each amendment(s) a		-	0-10-00	-	10-8-08
Effective date if applicable:	P.	<b>E 10</b>	10-08-	08	
(no	more than 90 da	ays after amen	10-08 - dment file date)		
Adoption of Amendment(s)		K ONE)			
The amendment(s) was/were ad by the shareholders was/were st			e number of vote	s cast for t	he amendment(s)
The amendment(s) was/were ap must be separately provided for					
"The number of votes cast	for the amendme	ent(s) was/wer	e sufficient for ap	pproval	
by			.,,		
(vot	ing group)				
The amendment(s) was/were ad action was not required.	lopted by the boa	ard of directors	without shareho	older action	and shareholder
The amendment(s) was/were ad action was not required.	lopted by the inco	orporators wit	hout shareholder	action and	shareholder
Dated	5.08				
selected.		tor - if in the	er - if directors of hands of a receiv		
<b>-</b>	Tony Lu (Typed	TZE or printed nam	ne of person sign	ing)	<del></del>
	PRESIDE	nt Fitle of person	signing)		