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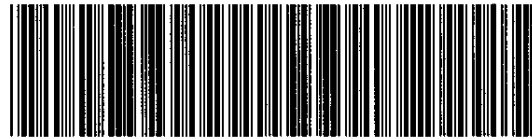
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** LIFESTYLE FITNESS SOLUTIONS, INC.

**DOCUMENT NUMBER:** P09000046552

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHANTIH CORO

Name of Contact Person

FUNCTIONAL HOLISTIC WELLNESS, INC.

Firm/ Company

16507 NE 26TH AVENUE

Address

NORTH MIAMI BEACH, FL 33160

City/ State and Zip Code

shantihcoro@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHANTIH CORO

Name of Contact Person

at ( 305 ) 467-8700

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

LIFESTYLE FITNESS SOLUTIONS, INC

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

P09000046552

(Document Number of Corporation (if known))

FILED  
2010 JUL -6 PM 12:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**A. If amending name, enter the new name of the corporation:**

FUNCTIONAL HOLISTIC WELLNESS, INC.

*The new*

*name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.,". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**

(Principal office address **MUST BE A STREET ADDRESS**)

16507 NE 26TH AVENUE

NORTH MIAMI BEACH

FL 33160

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

16507 NE 26TH AVENUE

NORTH MIAMI BEACH

FL 33160

**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:

CORO, SHANTIH

New Registered Office Address:

16507 NE 26TH AVE

(Florida street address)

NORTH MIAMI BEACH

(City)

, Florida 33160  
(Zip Code)

**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 position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if 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)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	CORO, SHANTIH	16507 NE 26TH AVE NORTH MIAMI BEACH, FL 33160	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
P	CARRASCO DOMINGUEZ	870 NW 87TH AVE APT 308 MIAMI, FL 33172	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
*(attach additional sheets, if necessary). (Be specific)*

ARTICLE II, TO CONDUCT BUSINESS IN, HAVE ONE OR MORE OFFICES,  
 NUTRITIONS AND SALES ON ONLINE SUPPLEMENTS

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**  
*(if not applicable, indicate N/A)*

The date of each amendment(s) adoption: JUNE 30, 2010

Effective date if applicable: JUNE 30, 2010 (date of adoption is required)  
(no more than 90 days after amendment file date)

**Adoption of Amendment(s) (CHECK ONE)**

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_,"  
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 06/30/2010

Signature X

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

CARRASCO DOMINGUEZ, NURIA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)