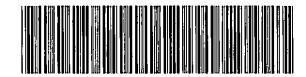
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(Re	equestor's Name)	
(Ad	ddress)	
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(Ci	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nan	ne)
(D	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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T NOV 20 AM 9: 57
SECRETARY OF SAME
ALLABASSIS FLORID

R. WHITE NOV 21 2017

COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Fit and Fyeld+ Naples, INC.
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person FIT AND FUEL of Naples Inc. Firm/ Company 813 Vande/bit Beach Rd Address Address City/ State and Zip Code E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Description
Enclosed is a check for the following amount made payable to the Plottda Department of State.
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Street Address Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Articles of Amendment

FILED

to Articles of Incorporation

17 NOV 20 AM 9: 56

(Name of Corporation as currently filed with the Florida Dept. of State) 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: A. If amending name, enter the new name of the corporation: "company, for "incorporated" or the abbreviation name must be distinguishable and contain the word "corporation." "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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address) New Registered Office Address: (City) 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)

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>	<u>John Doe</u>	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			<u></u>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	···-		
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)			
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f an amendment provides for an excl	nange, reclassificat	tion, or cancellati	on of issued shares	•
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not con	tained in the ame	ndment itself:	
(у погаррисине, писсие эта				
		<u>. </u>		
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	ption:, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bl document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were ado by the shareholders was/were suf	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.
☐ The amendment(s) was/were app must be separately provided for	oved 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	r the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were ado action was not required.	ed by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado action was not required.	red by the incorporators without shareholder action and shareholder
Dated X Signature X	11/12/17 M. Le
(By a di	ector president or other officer - if directors or officers have not been
	by/an incorporator – if in the hands of a receiver, trustee, or other court deficiency by that fiduciary)
	Mark Trudeau
	(Typed or printed name of person signing)
	President
	(Title of person signing)