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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: NUZenith Fitness Performan((, Inc DOCUMENT NUMBER: P11000093458
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 Nuzenith F. M. S. Performance Inc. PO BOX 1043506 Address Vero Beach FL 32964 City/ State and Zip Code taun 10. For 15th and 2 contact Person E-mail address: to be used for future annual report notification)
For further information concerning this matter, please call:
Taunya Foerster at (772) 559-7691 Name of dontact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status \$43.75 Filing Fee & Certificate of Status Certificate of Status (Additional copy is enclosed) \$43.75 Filing Fee & Certificate of Status (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

Nuzenith Fithess Performance In	(
(Name of Corporation as currently filed with the Florida Dept. of State)	
P11MM93453	
(Document Number of Corporation (if known)	_
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	ng amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must word "chartered," "professional association," or the abbreviation "P.A."	abbreviation
B. Enter new principal office address, if applicable:	# etc
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	FLED STATE A OCT -8 PH 24.1 A OCT -8 PH 24.1
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:	- Ro X
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address: , Florida , Flo	
(City) (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	
Signature of New Registerea 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: X Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One) 1) Change	Title Name Address YP Jeffrey B. Foerster Po Box 643504	9
Add	Vero Beach, FL 3294	ر
2) Change Add		
Remove 3) Change Add		
Remove 4) Change Add		
Remove 5) Change Add		
Remove 6) Change Add Remove		

attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)	
		•
an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the amer	endment if not contained in the amendment itself;	
provisions for implementing the amer (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
<u>provisions for implementing the amer</u>	endment if not contained in the amendment itself:	
<u>provisions for implementing the amer</u>	endment if not contained in the amendment itself:	•••
<u>provisions for implementing the amer</u>	endment if not contained in the amendment itself:	
<u>provisions for implementing the amer</u>	endment if not contained in the amendment itself:	
<u>provisions for implementing the amer</u>	endment if not contained in the amendment itself:	
<u>provisions for implementing the amer</u>	endment if not contained in the amendment itself:	-
<u>provisions for implementing the amer</u>	endment if not contained in the amendment itself:	

The date of each amendment(s) ad	loption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.	
	roved by the shareholders through voting groups. The following statement 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 ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated)=1-14 p	
Signature	Munya hom	
	rector, president or other officer – if directors or officers have not been	
	I, by an incomporator — if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	Taunya Foerster	
	(Typed or printed name of person signing)	
	President	

(Title of person signing)