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(((H12000131420 3)))



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COR AMND/RESTATE/CORRECT OR O/D RESIGN MUSCLE UP FITNESS INC.

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MAY 1 5 2012

H120001314203

Articles of Amendment Articles of Incorporation 2012 MAY 15 PM 3: 14

Muscle Up Fitness Inc.

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

P12000033755

(Document Number of Corporation (if known)

ndment(s) to

famending name, enter the new name of the corporation	<u> </u>
ensity X Fitness Inc.	0 0 0
must be distinguishable and contain the word "corp." p.," "Inc.," or Co.," or the designation "Corp." "Inc," "chartered," "profussional association," or the abbrevia	" or "Co". A professional corporation name must
nter <u>new principal office address. If applicable:</u> cipal office address <u>MUST BE A STREET ADDRESS</u>)	
ater new majling address, if applicable: Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
f amending the registered agent and/or registered offic two registered agent and/or the new registered office at	
	<u>111) E.Ş.:</u>
Name of New Registered Agent	
(Flo	rido street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)

. Page 1 of 4

H120001314203

H120001314203

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 = ChiefExecutive 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	PT	John Doe			
X Remove	<u>v</u>	Mike Jones			
<u>"X</u> Add	<u>\$v</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s	
1) Change Add Remove		-			
2) Change Add Remove	•				
3) Change Add Remove					
4) Change Add Remove					
5) Change Add Remove			ŧ.		
δ) Change Add		- :		<u> </u>	· · ·

Page 2 of 4

H120001314203.

f ameading or adding additional Arti- attach additional sheets, if necessary).	les, enter change(s) here: (Be specific)			
			 -	
		<u></u>		
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			_	
	<u>-</u>			
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or cancella idment if not contained in the an	ntion of issu nendment i	<u>ed shares</u> tsolf <u>:</u>	1
				
<u> </u>	<u> </u>			
	150			

Page 3 of 4 H12000 1314203

H120001314203

The date of each amendment(s) adoption: 04/09/2012			
Effective date if applicable:			
	(no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were ad by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.		
The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):		
"The number of votes case	for the amendment(s) was/were sufficient for approval		
by			
	(voting group)		
The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and shareholder		
The amendment(s) was/were ad- action was not required.	opted by the incorporators without shareholder action and shareholder		
Dated 5/9/20	12		
Signature	Rankel Con		
(By a c	lirector, president or other officer - if director or officers have not been		
	xd, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)		
_ 			
	Rachel Corvington		
	(Typed or printed name of person signing)		
	Vice President		
	(Title of person signing)		