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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: TEAM IMPACT FAMILY FITNESS CENTER, INC.				
DOCUMENT NUMBER: P12000052998				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
JEREMY AYALA				
Name of Contact Person TEAM IMPACT FAMILY FITNESS CENTER, INC.				
Firm/ Company				
13502 Village Park Dr Suite 100				
Address				
Orlando, FL 32837				
City/ State and Zip Code				
bfit13024@yahoo.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Elisa Tavara 508-8802				
Name of Contact 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  Certificate of Status  Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				

## Articles of Amendment to Articles of Incorporation of

to

TEAM IMPACT FAMILY FITNESS CENTER, INC.

(Name of Corporation as currently filed with the Flo			
P12000052998			
(Document Number of Corporation (if	known)	<del></del>	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adop	ots the following a	mendment(s)
A. If amending name, enter the new name of the corporation:			
·		Ti	he new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co.,"	o". A professional corporation	sted" or the abbron name must con	eviation Itain the
word "chartered," "professional association," or the abbreviation "F	.A. <sub>,</sub> "	4	
B. Enter new principal office address, if applicable:			ं <b>रहे</b>
(Principal office address MUST BE A STREET ADDRESS)			· 69
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C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			<i>12</i>
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D. If amending the registered agent and/or registered office addre	ss in Florida, enter the na me	of the	
new registered agent and/or the new registered office address:			
Name of New Registered Agent			
(Florida stree	t address)		
New Registered Office Address:	, Florida		
New Registered Office Address: (City)	, riolida	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent. I am familiar wi	ın ana accepi ine obligations o	j ine position.	
Signature of New Registered As	ent, 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	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	CFO	Doris Shepherd	13502 Village Park Dr Suite 100
Add Remove			Orlando, FL 32837
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<del></del>		
Add			
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n amendment provides for an exch	ange, reclassification, or	or cancellation of issued s	<u>nares,</u>
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The date of each amendment(s) adoption: 8/37/2012					
Effective date if applicable: 8/31/2012					
(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 by the shareholders was/were sufficient for approval.	(s)				
The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent				
"The number of votes cast for the amendment(s) was/were sufficient for approval					
by"  (voting group)					
(voting group)					
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	er				
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.					
Dated 8/31/2012					
Signature Que de					
(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 cou appointed fiduciary by that fiduciary)	ırt				
appointed inductary)					
Jeremy Ayala					
(Typed or printed name of person signing)					
President					
(Title of person signing)					