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16 MAR 17 PH 3: 01
SECRETARY OF STATE
TALLAHASSEE FLORID

HAR 22 2016

A. Wini =

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Bodybuildir	ng Attack Inc.	
DOCUMENT NUMBI	D15	000031792	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
	L	eonhard Becker	
	, 200	Name of Contact Person	1
	U:S:	CET Corporation	n
_		Firm/ Company	
	2272 Air	oort RD S, STE	210
_		Address	
	Na	ples, FL 34112	
_		City/ State and Zip Cod	e
	leon heck	er@uscet.com	
		sed for future annual report	notification)
	- · · · · · · · · · · · · · · · · · · ·		
For further information	concerning this matter, pleas	se call:	
Leonhard Bed	ker	at (239	, 580-7590
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)
	ng Address	Street	Address
	dment Section	Amendment Section	
Division of Corporations		Division of Corporations Clifton Building	
P.O. Box 6327 Tallahassee, FL 32314		2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

FILED

Florida Home Estate 24 Inc.

16 MAR 17 PM 3:01

(Name of Corporation as currently filed with the Florida Dept. of State) P12000054776

SECRETARY OF STATE TALLAHASSEE FLORIDA

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

. If amending name, enter the new name of	the corporation:	The
	e word "corporation," "company," or "incorpo Corp," "Inc," or "Co". A professional corpora or the abbreviation "P.A."	rated" or the abbrevia
. Enter new principal office address, if appli Principal office address MUST BE A STREET		
		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	F ROY	
(Muning dutiess MAT BE ATOST OFFIC.	<u> </u>	
If amonding the registered egent and/or reg	gistanad office address in Florida autor the new	an of the
o. If amending the registered agent and/or re new registered agent and/or the new regist	gistered office address in Florida, enter the namered office address:	ne of the
new registered agent and/or the new regist		ne of the
new registered agent and/or the new regist	ered office address:	ne of the
new registered agent and/or the new regist Name of New Registered Agent	(Florida street address)	
new registered agent and/or the new regist	(Florida street address)	
new registered agent and/or the new regist Name of New Registered Agent	(Florida street address)	
new registered agent and/or the new regist Name of New Registered Agent	(Florida street address) , Florida (City)	

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 <math>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 Jo	hn Doe	
X Remove	<u>V</u> <u>M</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	DPT	Scheler Simone	Airport RD S
Add			Suite 201
Remove			Naples,FL 34112
2) Change	S	Becker Leonhard	PO Box 8865
X Add			Naples, FL 34101
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Articular trach additional sheets, if necessary).	(Be specific)
<u> </u>	
an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
rovisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

, The date of each amendment(s) a	doption:03/10/2016
Effective date <u>if applicable:</u>	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	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 cast	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated 03/10/	2016
Signature	Beth
(By a c	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
	Becker Leonhard
	(Typed or printed name of person signing)
	Secretary
	(Title of person signing)