P1200057635

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2012 JUL -6 PH 12: 3
SECRETARY OF STATE TAN AHASSEE FLORE

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Fat Loss Bands Inc DOCUMENT NUMBER: P12000057635 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Richart Ruddie Name of Contact Person Fat Loss Bands Inc Firm/ Company 12 SE 10th Avenue Address Fort Lauderdale, Florida 33301 City/ State and Zip Code charto911@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Richart Ruddie Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of



Fat Loss Bands Inc

2012 JUL -6 PM 12: 33

(Name of Corporation as currently filed with the Florida Dept. of State) P12000057635

SECRETARY OF STATE TALLAHASSEE FLORIDA

ment(s) to

(Document Number of Corporation (if ke	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	orida Profit Corporation adopts the following amendme
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
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 new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent	
(Florida street	address)
New Registered Office Address: (City)	, Florida(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with the signature of New Registered Agent. Signature of New Registered Agent.	lie

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>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	р	Richart Ruddie	12 SE 10th Avenue Fort Lauderdale, Florida 33301
2) Change Add Remove	v	Richart Ruddie	12 SE 10th Avenue Fort Lauderdale, Florida 33301
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

ttach additi	or adding additional Artional sheets, if necessary).	(Be specific)			
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'an amandi	nent provides for an excl	hange reclassific	ation or cancel	lation of issued sh	arec
orovisions f	or implementing the ame	endment if not co	ntained in the a	mendment itself:	
(if not a	pplicable, indicate N/A)				
					
					
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	- <u> </u>	<u>-</u>			

The date of each amendment(s)	adoption: 07/02/2012
Effective date if applicable:	7/02/2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
_{ьу} Fat Loss Ba	nds INC
·,	(voting group)
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated 07/02	2/2012
Signature	Dichant Duddie
	a director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court
	inted fiduciary by that fiduciary)
	Richart Ruddie
	(Typed or printed name of person signing)
	Vice President
	(Title of person signing)