P12000058353

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: ROCK SPORTS NUTRITION, CO. DOCUMENT NUMBER: P12000058353 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: RENAN MESQUITA Name of Contact Person LARSON ACCOUNTING AND CONSULTING SERVICES LLC Firm/ Company 8615 COMMODITY CIR STE 06 Address ORLANDO, FL City/ State and Zip Code consulting@larsonacc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARCELO MORAES 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 □\$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) Mailing Address Street Address Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

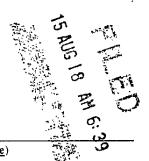
Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to Articles of Incorporation of



ROCK SPORTS NUTRITION, CO.

(Name of Corpora	ntion as currently filed with the Florida Dept. of State)	9
P12000058353		The state of the s
(Docu	ument Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Flori its Articles of Incorporation:	ida Statutes, this Florida Profit Corporation adopts the foll	owing amendment(s) to
A. If amending name, enter the new name of the	corporation:	
ROCK TRADING (ONPORATION) name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Corword "chartered," "professional association," or the	ord "corporation," "company," or "incorporated" or t rp." "Inc," or "Co" A professional corporation name n he abbreviation "P.A."	The new he abbreviation the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B D. If amending the registered agent and/or regist new registered agent and/or the new registere	tered office address in Florida, enter the name of the	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	(City), Florida	(Zip Code)
	. I am familiar with and accept the obligations of the posit	ion
Sig	gnature of New Registered Agent, if changing	

NO CHANGES IN THIS PAGE

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:	, and Stri	y omin, or as as rua.	
X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
l) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5)Change			
Add			ATTENDED OF THE STATE OF THE ST
Remove			
Kemoye			
6) Change			
Add			
Remove			

NO CHANGES IN THIS PAGE

. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
	ANNA SALAMA SALA	
	A STATE OF THE STA	
lf an amendn provisions fo	nent provides for an exchange, reclassification, or cancellation of issued shares, or implementing the amendment if not contained in the amendment itself:	
(if not a	oplicable, indicate N/A)	
-		

Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were add 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 add 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_ AU6US	
Signature .	rector precident or other officers if directors or officers have not been
selected	rector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	MARCELO MORAES
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)