(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
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(BL	isiness Entity Nai	me)
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Certified Copies	Certificate:	s of Status
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COVER LETTER

TO: Amendment Section

Division of Corporations			
NAME OF CORPORATION: Ah Fitness And Nutrition Inc. DOCUMENT NUMBER: P1200059249			
The enclosed Articles of Amendment and fee are sul	omitted for filing.		
Please return all correspondence concerning this mat			
Ante hold	tonc		
	Name of Contact Person		
Name of Contact Person AK Fitness and Nutrition Inc Firm/ Company			
6511 Nova Drive Suite 214 Address			
Davie, Fl	32217		
	City/ State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, pleas	e call:		
Ante Kolovrat	at (lollo) 666-9299	
Name of Contact Person	Area Coo	le & 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 & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address		Address	
Amendment Section Division of Corporations	Amendment Section Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314		xecutive Center Circle ussee, FL 32301	
	i aliana	ISSCE, FL JZJUI	

Articles of Amendment to Articles of Incorporation of

2015	
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	Made Par 1. 25

AK titness and Nutrition 1	በ ር "%"
(Name of Corporation as currently filed with the	Florida Dept. of State)
P12000059249	<i>₹0</i> ,
(Document Number of Corporation	ı (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, the ts Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	r "Co". A professional corporation name must contain the
3. Enter new principal office address, if applicable:	4198 South University Drive
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Davie, FL 33328
Enter new mailing address, if applicable:	6511 Nova Drive, Suite 214
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	Davie, Fl 33317
·	
 If amending the registered agent and/or registered office agent and/or the new registered office addr 	
^ \	
Name of New Registered Agent Ante Ko	
6511 NOVA (Florida	Drive, Suite 214 street address)
New Registered Office Address: DAVIE	, Florida 33317
(C	ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Age	
hereby accept the appointment as registered agent. I am familia	ar with and accept the obligations of the position.
$//L \ll \Lambda$,

Signature of New Registered Agent, 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:	e, una bany bin	iin, 5r us un nuu.	
X Change	PT John	n Doe	
X Remove	<u>V</u> <u>Mik</u>	ke Jones	
X Add	SV Sall	ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add Remove	<u>P</u>	Ante Kolovrat	6511 Nova Drive Sute 210 Davie, FI 33317
2) Change	P	Anton Kolovrat	4719 Van Buren Street Hollywood, FL 33021
Remove 3) Change Add	<u>'</u>		
Add			
Change Add			
6) Change Add Remove			

<u>If amendin</u> (Attach <i>add</i>	g or adding additional Articles, enter change(s) here: tibnal sheets, if necessary). (Be specific)
	/
-N/	<u>A</u>
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If an amer	dment provides for an exchange, reclassification, or cancellation of issued shares, sor implementing the amendment if not contained in the amendment itself:
(if no	applicable, indicate N/A)
NIA	
IV/H	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 01-11-15	
Effective date if applicable: 0 - 1 - 15 (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(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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"	
by" (voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 01-11-15	
Signature	
(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 court	
appointed fiduciary by that fiduciary)	
Ante Holovrat	
(Typed or printed name of person signing)	
President	
(Title of person signing)	