

P12000083322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

(Business Entity Name)

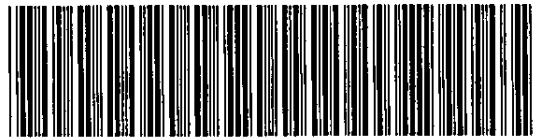
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08/19/13--01010--017 **43.75

Effective:
9-1-13

MC & Amend.
08/29/13

Dc

100 REVENUE CENTER
ANN ARBOR MI 48106

13 AUG 29 AM 10:03

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 22, 2013

TODD COLLURA
ADVANCES MUSCLE PERFORMANCE INC
6431 NW 42ND COURT
CORAL SPRINGS, FL 33067

SUBJECT: ADVANCED MUSCLE PERFORMANCE INC.
Ref. Number: P12000083322

We have received your document for ADVANCED MUSCLE PERFORMANCE INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

The date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 213A00020122

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ADVANCED MUSCLE PERFORMANCE, INC.
DOCUMENT NUMBER: P12000083322

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

TODD COLLURA
Name of Contact Person
Advanced Muscle Performance, Inc.
Firm/ Company
9124 Pine Springs Dr.
Address
Boca Raton, FL 33428
City/ State and Zip Code
tmikeco33@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TODD COLLURA at (561) 789-6690
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 & 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)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED
13 AUG 29 AM 10:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Advanced Muscle Performance, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

P12000083322
(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 its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Muscle Activation of South Florida, Inc. The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

21000 Boca Rio Rd
Suite A11
Boca Raton, FL 33433

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

21000 Boca Rio Rd.
Suite A11
Boca Raton, FL 33433

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent TODD COLLURA
9124 Pine Springs Dr.
(Florida street address)

New Registered Office Address: Boca Raton, Florida 33428
(City) (Zip Code)

New Registered Agent's Signature. If changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



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:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

Please change business and mailing address of
all officers and directors (Peter Stawicki = President
and Secretary & Todd Colkura = V. President and
treasurer) to read.

21000 Boca Rio Rd.
Suite A11
Boca Raton, FL 33433

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:**
(if not applicable, indicate N/A)

The date of each amendment(s) adoption: August 22, 2013 if other than the date this document was signed.

Effective date if applicable: September 1, 2013
(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 _____"
(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 8/29/13

Signature [Handwritten 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)

TODD COLLYRIA
(Typed or printed name of person signing)

Vice President / Treasurer
(Title of person signing)