P12000085470

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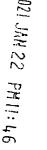
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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: Better Organizing	Solutions, Inc.	
DOCUMENT NUMBER: P12000085470		
The enclosed Articles of Amendment and fee are su	ibmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Bettina Osterwind		
	Name of Contact Person	n
	Firm/ Company	,
2121 N Bayshore Dr Apt#	510	
	Address	
Miami, FL 33137		
	City/ State and Zip Cod	e
pilatesbybettina@gmail.com E-mail address: (to be use) For further information concerning this matter, plea	sed for future annual report	notification)
ror turtier information concerning this matter, plea	se can.	
Bettina Osterwind	at (305) 798.8789
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Dep	artment of State:
\$35 Filing Fee \$\sum \text{\$\sum \\$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	Amend	Address Iment Section
Division of Corporations	Divisio	on of Corporations

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

Better Organizing Solutions, Inc.	
(Name of Corporation as currently	iled with the Florida Dept. of State)
P 12000085470	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Pilates by Bettina, Inc.	The new
name must be distinguishable and contain the word "corporation," "col" lnc.," or Co.," or the designation "Corp," "Inc," or "Co". A particle of the professional association," or the abbreviation "P.A."	npany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable:	Same
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	Same
D. If amending the registered agent and/or registered office address	s in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street	address
	,
New Registered Office Address:	, Florida itv)
(**	(Aut Goal)
New Registered Agent's Signature, if changing Registered Agent:	202
I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.
Signature of New Reg.	stered Agent, if changing
	istered Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e)	FS 05
- The anomalite in(0) is an obling the a parsuant to 3, 007.0120 (11) (c)	

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)

Example:

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.

X_Change	$\overline{\mathrm{bL}}$	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	ticles, enter chang . (Be specific)	-			
				**	
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f an amendment provides for an exc provisions for implementing the am	change, reclassific	ation, or cancella	tion of issued sh	ares,	
(if not applicable, indicate N/A)	ichanichen not co	mane in the an	tenament tesent		
				·	
		<u> </u>		-,	
			<u> </u>		

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The date of each amendment(s) adoption:	, if other than
date this document was signed.	
Effective date <u>if applicable</u> :	
(no	o more than 90 days after amendment file date)
Note: If the date inserted in this block does not me document's effective date on the Department of State	eet the applicable statutory filing requirements, this date will not be listed as e's records.
Adoption of Amendment(s) (CHECK	<u>(ONE</u>)
The amendment(s) was/were adopted by the incoraction was not required.	rporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appro	eholders. The number of votes cast for the amendment(s) oval.
	areholders through voting groups. The following statement up entitled to vote separately on the amendment(s):
"The number of votes cast for the amendme	
by(voting g	"
(voting g	(roup)
Dated 1/11/2021 Signature	
Signature	
(By a director, president	ator other officer – if directors or officers have not been at or - if in the hands of a receiver, trustee, or other court
	thing Ostawind
(Туре	ed or printed name of person signing)
(Title	e of person signing)