P120000862-18

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LUG 17 2015 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: UP2 WEAR INC.		
DOCUMENT NUMI			***
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following.	
	ROBERTO J. ORTIZ, ESQ.		
		Name of Contact Person	1
	LAW OFFICES OF ROBER	TO J ORTIZ, PA	
		Firm/ Company	
	8750 NW 36TH STREET, SI	• •	
	***************************************	Address	
	DORAL, FL 33178		
		City/ State and Zip Cod	e
rortiz	@rjortizlaw.com		
The second second		sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call.	
Roberto J Ortiz, Esq.		at (de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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)
Am Div P.C	iling Address endment Section ision of Corporations). Box 6327 lahassee, FL 32314	Amend Divisio Cliftor	Address diment Section on of Corporations a Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

2015 AUG 14 AH 11: 49

UP2 WEAR, INC.

SECHE ARY IN STALE TA AMADISH TERRIBA

(Name of Corporation :	as currently filed with the Florida Dept. of State)
P12000086218	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida States of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	oration:
N/A	The new
	corporation," "company," or "incorporated" or the abbreviation line," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRE	CSS)
C. Enter new mailing address, if applicable:	N/A
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered	
new registered agent and/or the new registered offi	ce address:
Name of New Registered Agent N/A	And the second s
	(Florida street address)
New Registered Office Address:	
	(City) (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe	red Agent:
I hereby accept the appointment as registered agent. I ar	n familiar with and accept the obligations of the position.
Signatu	re 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.

X Change	PT Joh	un Doe	
X Remove	<u>V</u> <u>Mı</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change	<u>v</u>	HERMAN DE VEER	1655 N Commerce Pkwy
Add			Suite 101
Remove			Weston, FL 33326
2) Change	P, D	CAROLINA HERNANDEZ	1655 N Commerce Pkwy
X Add			Suite 101
Remove			Weston, FL 33326
3) Change			
Add			
Remove			
4) Change			_
Add			
Remove			
5) Change			
Add			
Remove			
0. 0.			
6) Change			
Add			
Remove			

If amending or adding additional Article (Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)	
Λ		
* •		
		····
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame	endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
Λ		
		····

Janaury 8, 2015	
The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date adocument's effective date on the Department of State's records.	will not be listed as the
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 hoard 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	
Signature Carolina Hernandez (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)	
Carolina Hernandez	
(Typed or printed name of person signing)	
President	
(Title of person signing)	