orida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : VENERABLE CORPORATE AND TRUST SERVICES, LLC

Account Number : I20210000107 Phone : (813)284-4727 Fax Number : (813)436-8460

(111)

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: jsampson@venerable.law

## COR AMND/RESTATE/CORRECT OR O/D RESIGN FITNESS MGMT OF FLORIDA INC

| Certificate of Status | 0       |
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Corporate Filing Menu

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## **COVER LETTER**

| TO: Amendment Sec<br>Division of Corp |   |   |  |                 |
|---------------------------------------|---|---|--|-----------------|
| NAME OF CORPO                         | RATION: FITNESS MGMT  | OF FLORIDA INC.   |  |                 |
|                                       | BER: P13000003545   |   |  |                 |
| The enclosed Articles                 | of Amendment and fee are su   | bmitted for filing.   |  |                 |
| Please return all corre               | espondence concerning this ma   | tter to the following:  |  |                 |
|                                       | JASON SAMPSON   |   |  | _               |
|                                       |   | Name of Contact Perso   | 01)  | _               |
|                                       | VENERABLE CORPORAT  | E AND TRUST SERVICE   | ES, LLC  |                 |
|                                       |   | Firm/ Company   |  | <del>-</del>    |
|                                       | 301 WEST PLATT STREET, NO. 657  |   |  |                 |
| Address                               |   |   |  | -<br><u>:</u> : |
| TAMPA, FLORIDA 33606                  |   |   |  | · .             |
|                                       |   | City/ State and Zip Coc   | de   | - ·:            |
|                                       | jsampson@venerable.law  |   |  | ت.<br>.ز.       |
|                                       | E-mail address: (to be us   | sed for future annual repor   | 1 notification)  |                 |
| For further information               | on concerning this matter, pleas  | se call:  |  |                 |
| JASON SAMPSON                         |   | 813<br>at (   | ) 284-4727<br>ode & Daytime Telephone Numb   |                 |
| Name                                  | of Contact Person   | Area Co   | ode & Daytime Telephone Numb   | er              |
| Enclosed is a check for               | or the following amount made  | payable to the Florida Dep  | partment of State:   |                 |
| \$35 Filing Fee                       | ☐ \$43.75 Filing Fee & Certificate of Status  | □\$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)                     |                 |
| Am<br>Div<br>P.C                      | ciling Address pendment Section rision of Corporations D. Box 6327 lahassee, FL 32314 | Amen<br>Divisi<br>The C<br>2415   | Address dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303 |                 |

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Articles of Amendment to Articles of Incorporation of

| FITNESS MGMT OF FLORIDA INC.   |   |   |                       |              |
|--|---|---|-----------------------|--------------|
| (Name of Corporation   | on as currently filed wi                    | ith the Florida Dept. of State)                                   |                       |              |
| P13000003545   |   |   |                       |              |
| (Docum   | ent Number of Corpora                       | tion (if known)   |                       |              |
| Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:   | Statutes, this <i>Florida F</i>             | Profit Corporation adopts the follow                              | ing amen              | dment(s) to  |
| A. If amending name, enter the new name of the co  | orporation;                                 |   |                       |              |
|  | 21.0  | 2°  |                       | new          |
| name must be distinguishable and contain the word "co"Inc.," or Co.," or the designation "Corp," "Inc,"  | orporation, company,<br>or "Co". A professi | or incorporated or meanorevia<br>ional corporation name must cont | tion Cor<br>ain the w | rp.,<br>vord |
| "chartered," "professional association," or the abbre-   |   | •   |                       | ~            |
| D. C. and |   |   | -                     | .02          |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD   |   |   |                       | <u>7</u> 00  |
| (17 megrat typice man eas page 17 megration and 18 megrat |   |   | -                     |              |
|  |   |   |                       |              |
|  | **  |   | <del></del>           | — · •        |
| C. Enter new mailing address, if applicable:   |   |   | 1                     |              |
| (Mailing address MAY BE A POST OFFICE BO.  | <u>X</u> )                                  |   | <del>- '(</del>       | ہ ہے         |
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| D. If amending the registered agent and/or register  | ed office address in Fl                     | orida, enter the name of the                                      |                       |              |
| new registered agent and/or the new registered   |   |   |                       |              |
|  |   |   |                       |              |
| Name of New Registered Agent   |   |   | _                     |              |
|  |   |   | <del></del>           |              |
|  | (Florida street addres.                     | S)  |                       |              |
| New Registered Office Address:   |   | , Fłorida   |                       |              |
|  | (Cny)                                       | (Zi <sub>l</sub>  | o Code)               | _            |
|  |   |   |                       |              |
|  |   |   |                       |              |
| New Registered Agent's Signature, if changing Regi   | istered Agent:                              |   |                       |              |
| I hereby accept the appointment as registered agent.   | I am familiar with and a                    | accept the obligations of the position                            | •                     |              |
|  |   |   |                       |              |
|  |   |   |                       |              |
| C::  | ture of New Registered                      | Jant Makanaine  |                       |              |
| Signa  | ame of even Registered                      | луст, у стануту   |                       |              |
| Check if applicable  |   |   |                       |              |
| ☐ The amendment(s) is/are being filed pursuant to s. 6   | 507.0120 (11) (e), F.S.                     |   |                       |              |

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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: X Change      | <u>PT</u>    | John Doe         |  |                  |
|------------------------|--------------|------------------|--|------------------|
| X Remove               | <u> </u>     | Mike Jones       |  |                  |
| X Add                  | <u>sv</u>    | Sally Smith      |  |                  |
| Type of Action         | <u>Title</u> | Name             | <u>Addres</u> s                              |                  |
| (Check One)  1) Change | VP           | KATRINA DONOFRIO | 4701 OAK FAIR BLVD                           | 2022 pcT         |
| X Add                  |              |                  | TAMPA, FL 33610                              | )CT              |
| Remove                 |              |                  | <u> </u>                                     | _ <del>_</del> _ |
| 2) Change              |              |                  | 93<br>12                                     | A                |
| Add                    |              |                  | <u>.                                    </u> | <br><br>35       |
| Remove 3) Change       |              |                  |  | _                |
| Add                    |              |                  | <del></del>                                  |                  |
| Remove                 |              |                  |  | _                |
| 4) Change              |              |                  |  | _                |
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| Remove                 |              |                  |  | _                |
| 5) Change              |              |                  |  | _                |
| Add                    |              |                  | <del></del>                                  | _                |
| Remove                 |              |                  |  | _                |
| 6) Change              |              |                  |  | _                |
| Add                    |              |                  | ••••   |                  |
| Remove                 |              |                  |  | _                |

| To: | Filina | Section |
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| If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) |            |               |
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| 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)  |            |               |
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|   | JANUARY 1, 2022   |                                   | 000353006 3               |
|---|---|-----------------------------------|---------------------------|
| The date of each amendment(s) adopted date this document was signed.                  | ion:  |                                   | , if other than the       |
| Effective date if applicable:   | (no more than 90 days after   |                                   |                           |
|   | (no more than 90 days after   | amendment file date)              |                           |
| Note: If the date inserted in this block document's effective date on the Department. |   | ry filing requirements, this date | will not be listed as the |
| Adoption of Amendment(s)  | (CHECK ONE)   |                                   |                           |
| ■ The amendment(s) was/were adopted action was not required.                          | by the incorporators, or board of dire  | ectors without shareholder action | and shareholder           |
| ☐ The amendment(s) was/were adopted<br>by the shareholders was/were sufficient        | <del></del>   | votes cast for the amendment(s)   |                           |
| ☐ The amendment(s) was/were approve must be separately provided for each              | d by the shareholders through voting a voting group entitled to vote separat  |                                   | nt                        |
|   | ne amendment(s) was/were sufficient   | • •                               |                           |
| by  | (voting group)  |                                   | 2027                      |
|   | (voting group)  |                                   | 20C1                      |
| SEPTEMBER 2<br>Dated  |   |                                   | <u> </u>                  |
| Signature katrina   | Donofrio  |                                   | 2022 OCT 14 AM 9: 35      |
| (By a direct)<br>selected, by   | price of the property of the price of the property of an incorporator — if in the hands of a duciary by that fiduciary) |                                   | 35<br>35                  |
| KA*   | TRINA DONOFRIO  |                                   |                           |
|   | (Typed or printed name of pers  | son signing)                      | <del></del>               |
| VIC   | E PRESIDENT   |                                   |                           |
|   | (Title of person signing)   | <u> </u>                          |                           |