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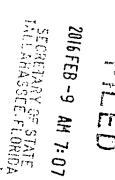
(Requ	estor's Name)	
(Addre	ess)	· · · · · · · · · · · · · · · · · · ·
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to Fili	ing Officer:	

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FEB 1 0 2016
C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

	ATION: INFINIT						
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.					
Please return all corres	pondence concerning this ma	tter to the following:					
-		Name of Contact Person					
•	Infinity Fitness Inc.						
-	Firm/Company 495 BCKKell Ave #350C Address						
Miami, FL. 33(3) City/ State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Eric Allen at (630) 865 5772 Name of Contact Person Area Code & Daytime Telephone Number							
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)	Certificate of Status Certified Copy (Additional Copy is enclosed)				
<u>Mail</u>	ing Address	Street	Address				

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Article	es of Amendment	
Articles	to s of Incorporation	
Articles	of	2016
Infinity Fitne	re Tar	
	irrently filed with the Florida Dept. of S	——————————————————————————————————————
	0025807	
	mber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts	유로 :
A. If amending name, enter the new name of the corporati	ion:	
ERA Fitness Inc.	_	The way
name must be distinguishable and contain the word "corp." "Inc.," or Co.," or the designation "Corp." "Inc, word "chartered," "professional association," or the abbrevi	" or "Co". A professional corporation	
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	90 SW 8m S Miami, FL.	Street 3rd Floor
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	go sw 8th	Street 3° Flour
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a Name of New Registered Agent		the
· · · · · · · · · · · · · · · · · · ·		
(Flo	rida street address)	
New Registered Office Address:	, Flo	rida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai	<u>Agent:</u> miliar with and accept the obligations of t	he 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 <math>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 Do	<u>e</u>	
X Remove	Y	Mike Jo	nes	
_X Add	<u>sv</u>	Sally Sn	n <u>ith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change	<u></u>	_		
Add				
Remove				
2) Change				
Add		_		
Remove				
3) Change				
Add		_		
Remove				
4) Change	<u></u>	_		<u> </u>
Add				
Remove				
5) Change				
Add		_		
Remove				
6) Change				
Add				
Damoua				

	litional sheets	s, if necessary). (Be speci	ific)				
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an amen	dment provi	ides for an ex	change, recla	assification. c	r cancellation Lin the ameno	<u>1 of issued sha</u> Iment itself:	ires.	
(if not	t applicable,	indicate N/A)	dentant it it	HOT COMMENTES	CHA SHE MINERY	ment noen.		
								
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			·		·=·	 -		•

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
(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 will a document's effective date on the Department of State's records.	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 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 2/6/2016	
Signature Ziz Allz	
(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)	
Eric Allen	
(Typed or printed name of person signing)	
President	
(Title of person signing)	