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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR		RTS NUTRITI	ON INC
DOCUMENT NUME	BER: P13000047	654	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Russell Lallier		
	FIT SPORTS I	Name of Contact Person	•
	13287 Little Ge	Firm/ Company em Circle	
	Fort Myers, FL	Address . 33913	
		City/ State and Zip Cod	e
For further information	E-mail address: (to be us	sed for future annual report se call:	notification)
Glenn Mors	e	at(239	, 297-0014
Name o	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment 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)
Ame Divis	ing Address Indment Section Indicate the section of Corporations Indicate the section of Corporations Indicate the section of Corporation of	Amend Divisio	Address ment Section n of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED OCT 28 AM II: 55

FIT SPORTS NUTRITION INC

(Name of Corporation as currently filed with the Florida Dept. of State)

SECRETARY OF	FISTATE
TALLAHASSEE,	FLORID

13

P13000047654	iorida Dept. of State)
(Document Number of Corporation (i	f known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	· —————
(Florida stro	vet address)
New Registered Office Address: (City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w Signature of New Registered A	vith and accept the obligations of the position.

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 Doc	
X Remove			
	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change	VP	Glenn R. Morse	6100 Jonathans Bay Cir
Add			# 101
Remove			Fort Myers, FL. 33908
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	····	·	
Add			
Remove			

lease Add Gler	R. Morse as a Officer under the title Vice President to FIT SPORTS
	<u> </u>
·	
If an amendment	rovides for an exchange, reclassification, or cancellation of issued shares,
provisions for in	lementing the amendment if not contained in the amendment itself: le, indicate N/A)

The date of each amendment(s) adoption: OCTOBER 16, 2013	, if other than the	ne
date this document was signed.		
Effective date if applicable: OCTOBER 16 2013		
(no more than 90 days after	r amendment file date)	
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	votes cast for the amendment(s)	
The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separately		
"The number of votes cast for the amendment(s) was/were sufficient	for approval	
by(voting group)		
(voting group)		
The amendment(s) was/were adopted by the board of directors without sha action was not required.	areholder action and shareholder	
The amendment(s) was/were adopted by the incorporators without shareho action was not required.	older action and shareholder	
Dated October, 16, 2013		
Signature		
(By a director president or other officer – if directed by an incorporator – if in the hands of a appointed fiduciary by that fiduciary)		
Russell Lallier		
(Typed or printed name	e of person signing)	
President		
(Title of perso	n signing)	