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COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Cross Fit PSI INC. DOCUMENT NUMBER: P13000059180
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person CROSSPIT PSI INC Firm/ Company 708 COMMEDCE WAYE Address JUPITER TO 33458 City/ State and Zip Code PBERKOPA @ NCP Flori DA. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
PEBGY BERYOFF at (561) 301-2243 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 Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Street Address Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to Articles of Incorporation

of

CROSSFIT PSI, IN	JC		
(Name of Corporation as currently filed with the Florida De	ept. of State)		
<u>P13000059180</u>			
(Document Number of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida P</i> its Articles of Incorporation:	Profit Corporation adopts the follow	wing ameno	lment(s) to
A. If amending name, enter the new name of the corporation:			
		The	
name must be distinguishable and contain the word "corporation," "com "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A pword "chartered," "professional association," or the abbreviation "P.A."			
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)		ري آيان <mark>دغا</mark> .	
	**	B. 65	**************************************
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	* ± ± = = = = = = = = = = = = = = = = =	<u>: 환경</u> - 01	in mineral II. Il
D. If amending the registered agent and/or registered office address in Flo	orida, enter the name of the		grants 2
new registered agent and/or the new registered office address:	**************************************		position.
Name of New Registered Agent		ि । । 13	
(Florida street address	s)		
New Registered Office Address:	, Florida		
(City)	(Zip Code)		
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent. I am familiar with and a	ccept the obligations of the positio	n.	
Signature of New Registered Agent, if co	hanging		

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>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s		
1) Change			·		
Add					
Remove					
2) Change	VP	KRISTOPHER BROWN	2051 KEYSTONE DR. #B Jupiter FL 33458		
X Add			#B		
Remove			Jupiter FL 33458		
3) Change					
Add					
Remove					
4) Change		<u> </u>			
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

	l sheets, if necessary). (Be specific)			
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rovisions for i	t provides for an exmplementing the articable, indicate N/A)	<u>mendment if not (</u>	ication, or canc contained in the	ellation of issued amendment itse	shares, f:
		-			

The date of each amendment(s) adoption: 10813 date this document was signed.	, if other than the
Effective date if applicable: 108 13	
(no more than 90 days after amendment file date)	
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)	
(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 10013 Signature Margaret Barrott)
Signature Wargaret Borkott	
(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)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Over dent	
(Title of person signing)	