P13000082947

(Re	equestor's Name)	
(Ad	idress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
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SBERETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corpora			
•	Λ	on Tracalogoica	L & Hooff and Fitzes Tor
NAME OF CORPORA	TION: FIMEVIC	al tratami	hy of Health and Fitness Inc
DOCUMENT NUMBE	R: <u>P13000</u>	0082947	
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	•
Please return all correspondent	ondence concerning this ma	_	
_	Michael-	Tohnson	Health and Fitners Inc cet Shite 35
		Name of Contact Persor	1
	Americal 7	raterity of	Health and Fitners Inc
	***	Firm/ Company	1 6 1 5 2
_	608 N	1M 13th 2th	cet Shite 35
	Boca	Ratio Address	33486 AMFITNESSIDIC
_	Dycu	City/State and Zin Code	33 106
	- : 1 .	City/ State and Zip Code	AMFITNESS, DRG
	i i conti	SUN SERVICE	
	E-mail address: (to be us	sed for future annual report	notification)
For further information of	concerning this matter, pleas	se call;	
Michael	Johnson	at (561	929-5776
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State:
625 Elli E	П ело да Биша Бал о	Meta de Pillos Pos e	Meso so piling po-
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy	☐\$52.50 Filing Fee Certificate of Status
		(Additional copy is	Certified Copy
		enclosed)	(Additional Copy is enclosed)
Maili	ng Address	Street	Address
Amendment Section Amendment Section			Iment Section
Division of Corporations Division of Corporations			
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle			
. 4.161.	, - 		assee, FL 32301

Articles of Amendment

to
Articles of Incorporation

Americal Frater	nity of He	olth and F	These	Inc	J
(Name of Corporation as currently			(), = -		
013000	XD82947				
(Document Number of	of Corporation (if known)		•	
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	da Statutes, this <i>Florida</i>	Profit Corporation adop	ts the following	g amendr	ment(s) to
A. If amending name, enter the new name of the	corporation:				
American Fraterit	y of Healt	h and fitner	ictra	The n	ave:
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Cor, word "chartered," "professional association," or th	ord "corporation," "corp," "Inc," or "Co". A	mpany," or "incorporat	ed" or the al	bbreviati contain t	on he
B. Enter new principal office address, if applicab (Principal office address MUST BE A STREET AD				-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B				- -	
				- -	
D. If amending the registered agent and/or registered agent and/or the new registered		iorida, enter the name (<u>n tne</u>	<u>ಪ</u>	TOOR TATES
Name of New Registered Agent		 		DEC -	22 22 24 24 24 25
	(Florida street addre	<u>-</u>		- 	
New Registered Office Address:		Elavida		×	
New Registered Office Address.	(City)	, Florida	(Zip Code)	: 47	3
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		accept the obligations of	f the position,		,
Signature of 1	New Registered Agent, if	changing			

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
· · · · · · · · · · · · · · · · · · ·	

provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

the date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable: (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 amendmente by the shareholders was/were sufficient for approval.	(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by''	
by" (voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	er
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 11/30 20/3 Signature (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 cou appointed fiduciary by that fiduciary)	nt ———
(Typed or printed name of person signing)	************
President	
(Title of person signing)	

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 Do	<u>e</u>		
X Remove	<u>v</u>	Mike Jo	nes		
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	Title		Name		Address
1) Change		_			
Add Remove					
2) Change		_		-	
Add					
Remove					
3) Change		_			
Add					
Remove					
4) Change				_	
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change					
Add				-	
Remove					