P13000100565

(Requestor's Name)
(Address)
(Address)
` ,
(City/State/Zip/Phone #)
(Otty/Otato/21p/ None #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





900261297019

06/18/14--01004--024 **35.00

14 JUN 18 PH 4: 06

JUL 0 2 2014

C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: DKV Fitnes		land Inc.
DOCUMENT NUMBER: P1300010056	5	
The enclosed Articles of Amendment and fee are sub		
Please return all correspondence concerning this matter	ter to the following:	
Anshul Shah		
	Name of Contact P	******
Shah Accounting		
415 Montgomery	Firm/ Company Rd, Suite 10	•
Altamonte Spring	Address s, FL 32714	
	City/ State and Zip	Code
ashah@shahaccount	ingcpa.com	
E-mail address: (to be use	ed for future annual re	eport notification)
For further information concerning this matter, please	e call:	
Anshul Shah	_{at (} 407	781-9806
Name of Contact Person	Are	a Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida l	Department of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certificate of Status
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ar Di Cl 26	rect Address mendment Section (vision of Corporations ifton Building 61 Executive Center Circle ullahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



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

P13000100565	The American State of the Control of		
(Document Number of Corpora	ation (if known)		
arsuant to the provisions of section 607.1006, Florida Statute s Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendme		
. If amending name, enter the new name of the corporati	ion:		
	The new		
	poration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the ation "P.A."		
Enter new principal office address, if applicable: rincipal office address <u>MUST BE A STREET ADDRESS</u>)			
. Enter new mailing address, if applicable:	6700 Indian Creek Dr		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			
	Apt 1403		
	Miami Beach, FL 33141		
. If amending the registered agent and/or registered offic new registered agent and/or the new registered office ac			
	udress:		
Name of New Registered Agent			
(Flo	rida street address)		
	, Florida		
New Registered Office Address:	(City) (Zip Code)		

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 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	nith	
Type of Action (Check One)	<u>Title</u>		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				

	ry). (Be specific)	ange(s) here:		
				
· · · · · · · · · · · · · · · · · · ·				
If an amendment provides for an	exchange, reclassi	ification, or cancell	lation of issued shar mendment itself:	<u>es.</u>
provisions for implementing the (if not applicable, indicate N/	(A)			
provisions for implementing the	A)			
provisions for implementing the	A)			
provisions for implementing the	A)			
provisions for implementing the	(A)			
provisions for implementing the	(A)			
provisions for implementing the	(A)			

date this document was signed	(s) adoption:	, if other than t
Effective date if applicable:		
Enceuve date <u>n appreasie</u> .	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement d 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/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder	
Dated	6/11/14	
Signature	9 4	
(B	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	Divyang Ved	
	(Typed or printed name of person signing)	_
	DSP	
	(Title of person signing)	