(Re	equestor's Name)	
(Ac	ldress)	<u> </u>
(Ac	idress)	
(Ci	ty/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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AUG 17 2015 IALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION:			
DOCUMENT NUMB	P15000054708 ER:			
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:		
	DHARMENDRA PATEL			
-		Name of Contact Person	1	_
-		Firm/ Company		_
_	3214 CORAL RIDGE DR			
-		Address		_
	CORAL SPRINGS, FL 3306	55		
		City/ State and Zip Code	2	
ibeatfi	t@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
Dharmendra patel		at (64
Name o	f Contact Person		de & Daytime Telephone Numb	
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)	
	ing Address		Address	
	Amendment Section Amendment Section			
	Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building			
	Tallahassee, FL 32314 Cinton Building Call Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



IBEATFIT.INC	
	currently filed with the Florida Dept. of State)
P15000054708	
(Document N	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	ites, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corpora	ntion:
	The new
	rporation," "company," or "incorporated" or the abbreviation c," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	MIS AUG 14
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent	
(F	lorida street address)
New Registered Office Address:	, Florida
New negratered Office nauress.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am j	
Signature	of New Registered Agent, if changing

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.

X Change	<u>PT</u> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	/ Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PD	DHARMENDRA PATEL	3214 CORAL RIDGE DR.
X Add			CORAL SPRING, FL, 33065
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
WE HAVE MISSED TO WRITE DIRECTOR/OFFICER NAME ON CORPORATION DOCUMENT SO PLEASE
ADD ABOVE DETAIL WHICH IS MENTIONED IN THE "ADD" AGAIN WRITING SAME BELOW FOR YOUR FY!
NAME: DHARMENDRA PATEL. ADDRESS IS SAME AS REGISTERED AGENT
ALSO ADD MY EIN NUMBER 47-4708556
·
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s) add date this dòcument was signed.	option:	, if other than the
	,	
Enective date it applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blodocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this artment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop by the shareholders was/were suff	eted by the shareholders. The number of votes cast for the amendmental for approval.	ent(s)
	oved by the shareholders through voting groups. The following state ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
action was not required. The amendment(s) was/were adop	ted by the board of directors without shareholder action and shareholder by the incorporators without shareholder action and shareholder	
action was not required. Dated 0	6/15	
(By a dir selected	ector, president or other officer – if directors or officers have not be by an incorporator – if in the hands of a receiver, trustee, or other d fiduciary by that fiduciary)	
	Dharmend Ra Parel (Typed or printed name of person signing)	
-	(Typed or printed name of person signing)	
_	Inlosposedor	
	(Title of person signing)	