P15 000070091

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(Requestor's Name)

(Address)
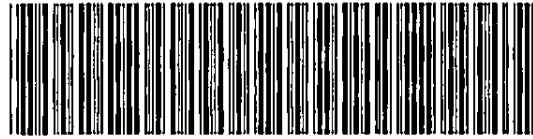
(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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02/08/21--01014--030 **35.00

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 29, 2021

ROBERTO ARAUJO
2085 W 76TH STREET
HIALEAH, FL 33016

SUBJECT: POWERFUEL FIT NUTRITION CORP.
Ref. Number: P15000070091

We have received your document and check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE DOCUMENT YOU HAVE SUBMITTED IS SPECIFICALLY USED FOR FLORIDA PROFIT BENEFIT CORPORATIONS OR FLORIDA PROFIT SOCIAL PURPOSE CORPORATIONS ONLY. PLEASE COMPLETE THE ATTACHED FORM AND RESUBMIT THIS FORM ONLY.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II   Letter Number: 521A00006529

COVER LETTER

TO: Amendment Section
    Division of Corporations

NAME OF CORPORATION: POWERFUEL FIT NUTRITION CORP.

DOCUMENT NUMBER: P15000070091

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERTO ARAUJO
_____
Name of Contact Person

POWERFUEL FIT NUTRITION CORP.
_____
Firm/ Company

2085 W 76TH STREET
_____
Address

HIALEAH / FL / 33016
_____
City/ State and Zip Code

POWERFUELRESTAURANT@GMAIL.COM
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RBERTO ARAUJO   at (305) 469-8290
_____   _____
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   ☐$43.75 Filing Fee &   ☐$43.75 Filing Fee &   ☐$52.50 Filing Fee
                            Certificate of Status   Certified Copy   Certificate of Status
                                                      (Additional copy is   Certified Copy
                                                      enclosed)   (Additional Copy
                                                                                 is enclosed)

Mailing Address   **Street Address**
Amendment Section   Amendment Section
Division of Corporations   Division of Corporations
P.O. Box 6327   The Centre of Tallahassee
Tallahassee, FL 32314   2415 N. Monroe Street, Suite 810
                                       Tallahassee, FL 32303

<div align="center">

Articles of Amendment
to
Articles of Incorporation
of

</div>

POWERFUEL FIT NUTRITION CORP.
_____
<div align="center">

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

</div>

P15000070091
_____
<div align="center">

(Document Number of Corporation (if known)

</div>

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_____ *The new*
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.,"
"Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word
"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)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

_____
(Florida street address)

New Registered Office Address: _____ , Florida_____
<div align="right">

(City)   *(Zip Code)*

</div>

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

_____
<div align="center">

Signature of New Registered Agent, if changing

</div>

Check if applicable
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ____ Change	P	ROBERTO ARAUJO	2085 W 76TH STREET
X ____ Add			HIALEAH FL 33016
____ Remove			
2) ____ Change	P	GERARDO BARRIOS GONZALEZ	2085 W 76TH STREET
X ____ Add			HIALEAH FL 33016
____ 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)*

_____
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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)

_____
_____
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_____

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____

<p style="text-align:center">*(no more than 90 days after amendment file date)*</p>

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
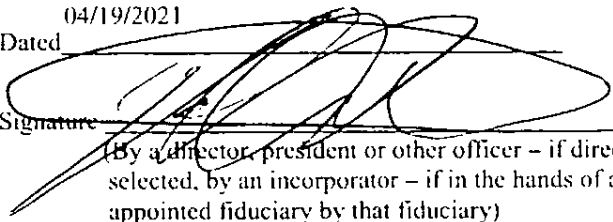
Adoption of Amendment(s)   **(CHECK ONE)**

☑ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ 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 _____ "

<p style="text-align:center">*(voting group)*</p>

04/19/2021
Dated _____

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 court appointed fiduciary by that fiduciary)

ROBERTO ARAUJO
_____
(Typed or printed name of person signing)

PRESIDENT
_____
(Title of person signing)