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COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: KINSFIT PERFORMANCE & TRAINING IN	/(
DOCUMENT NUMBER: P500084485	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
TRITZ A DANDRE. Name of Contact Person Name of Contact Person Firm/ Company Address Address	
City/ State and Zip Code FLEANDFA WAHGO. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
TRITZ LEADRE at (954) 512-8137 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 Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)	
Mailing AddressStreet AddressAmendment SectionAmendment Section	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation of

KLIPSFIT PER	FORMANCE & TRAINING INC.
	n as currently filed with the Florida Dept. of State)
	000084485
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:
KINETIC	IGNITE FITNESS INC. The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the a	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDI	
	EX E
	T G B T
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2 元
(Mulling dadress MAT DE ATOST OFFICE BOX	
	20 0
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regi	stered Agent:
I hereby accept the appointment as registered agent. I	I am familiar with and accept the obligations of the position.
Signa	nture 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 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			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change	<u> </u>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	eçessary). (Be s	nter change(s) here specific)			
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		_			
			 		
		<u> </u>			·
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					<u>-</u>
					
					
					
		·		_ _	
				ed shares.	
amendment provides fo	or an exchange, i	<u>reclassification, or c</u>	<u>cancellation of issu</u>		
n amendment provides fo visions for implementin	or an exchange, i g the amendmen	reclassification, or o t if not contained ir	cancellation of issu the amendment it	self:	
n amendment provides for implementin (if not applicable, indica	or an exchange,) g the amendmen nte N/A)	reclassification, or of till not contained in	cancellation of issu the amendment it	self:	
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The date of each amendment(s) ac date this document was signed.	loption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	clock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendmen fficient for approval.	t(s)
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following states each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
action was not required.	pted by the board of directors without shareholder action and sharehol	der
action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	t/7/2019//	
Signature	Mustan -	
selected	irector, president or other officer it directors or officers have not bee d, by an incorporator – if it the hands of a receiver, trustee, or other co red fiduciary by that fiduciary)	
	TRITZ A. LEANDRE (Typed or printed name of person signing)	
	(Typed of printed fame of person signing)	
	DIRECTOR	
	(Title of person signing)	