0150000	86652
(Requestor's Name) (Address) (Address)	100318196901
(City/State/Zip/Phone #)	09.13/1801005017 ***43.75 SEP 1 9 2018
Special Instructions to Filing Officer:	THE SECOND

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ITFIT ATHLETICS, INC.

DOCUMENT NUMBER: ____

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

Please return all correspondence concerning this matter to the following;

WILLIAM CAMPBELL

Name of Contact Person

ITFIT ATHLETICS, INC.

Firm/ Company

4520 NE 18TH AVENUE STE 200

Address

OAKLAND PARK, FL 33334

City/ State and Zip Code

bill@geeksforless.com

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

 William Campbell
 at (954)
 683-8048

 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

S43.75 Filing Fee & Certificate of Status

S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) \checkmark

Mailing Address

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

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

Articles of Amendment to Articles of Incorporation of

ITFIT ATHLETICS INC.

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

P15000086652

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(Document Number of Corporation (if known)

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:

N/A				77	ie ne	11'
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	uation "Corp." "Inc." or	"Co". A professional corpore				
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)		4520 NE 18TH AVENUE				
		STE 200				
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		OAKLAND PARK, FL 33334				
		4520 NE 18TH AVENUE	Ξ		3 SEP	النف
		STE 200			$\overline{\mathbf{s}}$	<u> </u>
		OAKLAND PARK, FL 3	3334		1	E
D. If amending the registered agent an new registered agent and/or the ne Name of New Registered Agent			ne of the		4 5 5	
municity between englishered angem	4520 NE 18TH AVENU	JE STE 200				
	(Florida s	(reet address)				
<u>New Registered Office Address:</u>	OAKLAND PARK		, Florida <u>3</u> 3	3334		
		(City)		(Zip Cod	e)	

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. Tam familiar with and accept the obligations of the position.

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, hst 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:

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<u>X</u> Change	\underline{PT}	John Doe	
X Remove	<u>V</u>	<u>Mike Jones</u>	
\underline{X} Add	<u>SV</u>	Sally Smith	
<u>Type of Action</u> (Check One)	<u>Trtle</u>	Name	Address
1) Change	N/A		
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			<u>_</u>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

•	onal Articles, enter (vessary). (Be specif	ic)		
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If an amendment provides for	' I H C A H H C I C I I I I C I I C I I C I I C I I C			
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The date of each amendment(s) ac	N/A doption:	if other than the
date this document was signed.		
N/A 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	block does not meet the applicable statutory filing requirements, this date spartment of State's records.	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 amendment(s) (fficient for approval.	
	proved by the shareholders through voting groups. <i>The following statement</i> 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)	
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder	
•	-10-2018	
(By a d selected	-10-2018 irector, president or other officer – if directors or officers have not been d. by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
аррони		Tim Campb
	(Typed or printed name of person signing)	V
	CHAIRMAN.	

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