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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: Rock Gym & Well	lness, Inc.				
	JMBER: P17000014863					
	cles of Amendment and fee are su	bmitted for filing.				
Please return all co	orrespondence concerning this ma	tter to the following:				
	Ana Nuzzo					
	Name of Contact Person					
	Rock Gym & Wellness, Inc.					
	Firm/ Company					
	9737 NW 41st ST Suite 337					
	Address					
	Doral/Florida 33178					
		City/ State and Zip Cod	e			
n	noremau@hotmail.com					
<u>-</u>	·	sed for future annual report	notification)			
For further inform	ation concerning this matter, pleas	786	707-0339			
Na	me of Contact Person	at (Area Co	de & Daytime Telephone Number			
	k for the following amount made		·			
S35 Filing Fee	E □\$43.75 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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Cliftor 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301			

Articles of Amendment to Articles of Incorporation of

Rock Gym & Wellness, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P17000014863 (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: 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: (City) (Zip Code) 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. 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: XChange	<u>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VT	Cindia Ana Fenton	
Add X Remove			
2) Change	VST	Ana Nuzzo	9737 NW 41st Street Suite 337
X Add			Doral, Florida 33178
Remove 3) Change	S	MaurenVilma Zamora	
Add			
X Remove			
4) Change		<u> </u>	<u> </u>
Add Remove			
5) Change Add			
Remove			
6) Change			
Add			<u> </u>
Remove			

famending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
-\		
<u> </u>		
F. A. L.		
an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	endment is not contained in the amendment users.	
	· · · · · · · · · · · · · · · · · · ·	
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	10-05-2017	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date wi epartment of State's records.	ll not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	La	
(By a select	drector, 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 need fiduciary by that fiduciary)	_
	Luis Nuzzo	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	