P17000058899

(Red	questor's Name)	
(Add	dress)	
- (Ado	dress)	
(City	y/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

	Ohlsen Fitness Ven	ture, Inc.		
NAME OF CORPORA				
DOCUMENT NUMBE	P17000058899 R:			
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all correspo	ondence concerning this ma	tter to the following:		
Re	obert W. Ohlsen			
-		Name of Contact Persor	1	
O	hlsen Fitness Venture, Inc.			
	10 NIC 72-4 Ct	Firm/ Company		
51	0 NF 72nd St.			
 M	liami, FL 33138	Address		
_		City/ State and Zip Code	2	
bi	II.ohlsen@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
	(•		
For further information	concerning this matter, pleas	se call:		
Robert W. Ohlsen		786 at (
Name of	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

Ohlsen Fitness Venture, Inc.			
\	of Corporation as currently	filed with the Florida Dept. of State)	
P17000058899			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	.1006, Florida Statutes, this F	<i>Florida Profit Corporation</i> adopts the following	ng amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
N/A			The new
name must be distinguishable and contain "Inc" or Co.," or the designation "Contained association,"	Corp." "Inc," or "Co". A	ompany," or "incorporated" or the abbrevial professional corporation name must conton N/A	ion "Corp.,"
B. Enter new principal office address,	if applicable:	N/A	
(Principal office address MUST BE A S			
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A	
D. If amending the registered agent ar	nd/or registered office addre	ess in Florida, enter the name of the	
new registered agent and/or the new	w registered office address:		
Name of New Registered Agent	N/A		_
	(Florida stre	et addressi	_
	N/A	ti didi. Csoy	
New Registered Office Address:		Florida	Code)
	{'	City) (Zij	(Code)
N. D. Carried Annaly Communication of the	hanning Dagistoped Agents		2
New Registered Agent's Signature, if c I hereby accept the appointment as regist	tered agent. I am familiar w	ith and accept the obligations of the position	021
, ,	,		2021 1111 12
			l
	Signature of New Re	gistered Agent, if changing	P
Check if applicable			is
☐ The amendment(s) is/are being filed p	oursuant to s. 607.0120 (11) (c	e), F.S.	55

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.

X Change	PT John D	<u>oe</u>	
X Remove	<u>V</u> <u>Mike Je</u>	<u>ones</u>	
_X Add	SV Sally S	<u>mith</u>	
Type of Action	<u>Title</u>	Name	Address
(Check One)	D	Noah W. Ohlsen	6750 SW 76th Terr.
1) Change	 		Miami, FL 33143
Add X			
Remove			
2) Change	-		
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
_ Remove			

	litional sheet	g additional ts. if necessa	ryn. (Be-	specific)				
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The date of each amondment(s) as	ontion:	, if other than th
date this document was signed. July	option	
·	1, 2021	
Effective date if applicable:	(no more tha	n 90 days after amendment file date)
Note: If the date inserted in this bidocument's effective date on the De	ock does not meet the appartment of State's record	plicable statutory filing requirements, this date will not be listed as the s.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado action was not required.	pted by the incorporators,	or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. fficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders each voting group entitled	through voting groups. The following statement to vote separately on the amendment(s):
NI/A		/were sufficient for approval
by	(voting group)	
7/8/2021		
Dated		
Signature	ret W. Oak	
(By a di	rector, president or other	officer - if directors or officers have not been
	l, by an incorporator – if i ed fiduciary by that fiduci	n the hands of a receiver, trustee, or other court
	Robert W. Ohlsen	ury)
	(Typed or prin	ted name of person signing)
	President & CEO	
	(Title of perso	a signing)

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