P1700000183

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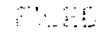
COVER LETTER

TO: Amendment Section Division of Corporations

20

NAME OF CORPORATION: _	P17000066483					
DOCUMENT NUMBER:						
The enclosed Articles of Amenda	nent and fee are sub	mitted for filing.				
Please return all correspondence of	concerning this matt	er to the followin	og:			
	BRIAN LOPEZ	<u>.</u>				
		Name of Conta	act Person			
	INVINCIBLE MARTIAL ARTS COEPORATION					
	<u> </u>	Firm/ Con	пралу	· · · · · · · · · · · · · · · · · · ·		
	13246 SW 8TH	STREET				
		Addre	35			
	MIAMI, FL. 33184					
		City/ State and	Zip Code			
	brianclpz(a gm	ail.com				
E-ma	il address; (to be us	ed for future annu	ual report	notification)		
For further information concernit			786			
Name of Contact	Person	at (Area Co	de & Daytime Telephone Number		
Enclosed is a check for the follow		payable to the Flo				
	3.75 Filing Fee & tificate of Status	☐S43.75 Filing Certified Cop (Additional co enclosed)	ру	OS52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Addr Amendment So Division of Co P.O. Box 6327 Tallahassee, Fl	rection rporations		Amend Divisio Clifton 2661 E	Address ment Section of Corporations Building accutive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation of



INVINCIBLE MARTIAL ARTS CORPORATIONAH -5 PH 12: 07

(Name of Corporation 2	is corrently filed	with the Florida Dept. of State)
P170000664	183	Aldami mon A
(Document	Number of Corpe	oration (if known)
rsuant to the provisions of section 607,1006, Florida Sta Articles of Incorporation:	ntutes, this <i>Floridi</i>	a Profit Corporation adopts the following amendme
If amending name, enter the new name of the corpo	ration:	
		The new
ne must be distinguishable and contain the word "orp.," "Inc.," or Co.," or the designation "Corp," " rd "chartered," "professional association," or the abb	"Inc." or "Co".	compuny," or "incorporated" or the abbreviation
Enter new principal office address, if applicable: incipal office address MUST BE A STREET ADDRE	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	_	
		
If amending the registered agent and/or registered new registered agent and/or the new registered offi	office address in ice address:	Florida, enter the name of the
Name of New Registered Agent	<u></u> -	
	(Florida street ada	dress)
	11 (0.122 31.11.	
New Registered Office Address:	(City)	Florida
w Registered Agent's Signature, if changing Registorery accept the appointment as registered agent. I a	ered Agent: ım familiar with a	nd accept the obligations of the position.
Signatu	re of New Registe	ered 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; $\tilde{V} = Vice President$; 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: <u>X</u> Change	<u>PT</u>	John Do	<u>c</u>	
X Remove	Y	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VP	_	PATRICIA M. LOPEZ	5625 W 20 AVE UNIT 315
X Add				HIALEAH, FL. 33012
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
_				
5) Change				
Add				
Remove				
6) (hange				
Add				
Remove				

mending or adding additional a ach additional sheets, if necessar	y). (Be speci	fic)			
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an amendment provides for an rovisions for implementing the	exchange, reci	assification, o	r cancellation	<u>of issued shar</u> ment itself:	<u>c7</u>
(if not applicable, indicate N/:	4)	nor containe			
<u> </u>					
					
				·	
				<u> </u>	
				<u> </u>	

The date of each amendment(s) adop	otion:	_, if other than the
date this document was signed.		
Care this doctment was signed.	12/17/2017	
erer of the Manadianhia		
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depart	ck does not meet the applicable statutory filing requirements, this date will runent of State's records.	not be listed as t
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopte by the shareholders was/were suffic	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
☐ The amendment(s) was/were appro- must be separately provided for ea	wed by the shareholders through voting groups. The following statement uch voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for	r the amendment(s) was/were sufficient for approval	
	•	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	ted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder action and shareholder	
12/18/20	017	
Dated	<u> </u>	
Signature Prix	n List	
Signature	ector, president or other officer - if directors or officers have not been	-
whered	by an incorporator – if in the hands of a receiver, trustee, or other court	
	d fiduciary by that fiduciary)	
-FF **********************************		
	BRIAN LOPEZ	<u></u>
_	(Typed or printed name of person signing)	
	PRESIDENT	
_	(Title of person signing)	