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## COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Core Cardy Fitness Tampa Incomment number: P17000078141
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person  Core Cardy Fitness Tampa In.  Firm/ Company  712 S. Howard Ave Unit 125  Address  Tampa FL 33612  City/ State and Zip Code  CoreCardy 1-8 Grail Com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
1: 11 0 - 212 721 0715
Lize He Guerra at (813) 734-3715  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 Certified Copy (Additional copy is enclosed)  \$35 Filing Fee Certified Copy (Additional Copy is enclosed)  \$35 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section  Street Address Amendment Section

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

**Division of Corporations** 

P.O. Box 6327 Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation

Core Candy Fitness Tampa, Inc
(Name of Corporation as currently filed with the Florida Dept. of State)
P17000078141
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) tits Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
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 Lizette Guerra 9608 N. 18th St Abourg
(Florida street oddress)
New Registered Office Address: Tampa Florida 33012
(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: X Change	<u>РТ Jol</u>	hn Doe	
X Remove	<u>V</u> <u>Mi</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	Lizette Guerra	9008 N. 18th St
Add			Tampa FL 3361
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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provision	ns for implement	ting the amendn	ge, reciassincat gent if not cont	ained in the amo	ion of issued shar endment itself:	<u>CS1</u>
(if no	ot applicable, ind	icate N/A)				
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The date of each amendment(s) adoption: $\frac{10/23/17}{4}$	, if other than the
Effective date if applicable: 10/23/17  (no more than 90 days after amendment file date)	····
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	rt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
by"  (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareho action was not required.	lder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 10/23/17	
Signature Project Clusia	
thy a director, president or other officer - if directors or officers have not bee selected, by an incorporator - if in the hands of a receiver, trustee, or other co	
appointed fiduciary by that fiduciary)	χiit
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	