P18000026768

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COVER LETTER

Division of Corporations NAME OF CORPORATION: X-ODUS FITNESS 718000026768 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CCG Se U.S Name of Contact Person 1- ODUS FILMES CORP NWI 34th Place Apt A103 E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (786) 264 - 6456 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee ☐\$43.75 Filing Fee & ■\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 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

to

X-ODUS	FITNE	ss (oli)			
(Name of Corporation	as currently fi	led with the Flori	da Dept. of State)		
T17 (Documen	UUUU ZC	768	m)			
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:	atutes, this <i>Flo</i>	orida Profit Corpor	ration adopts the t	ollowing	; amend	lment(s)
A. If amending name, enter the new name of the corp.	oration:					
	<u> </u>				The n	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abl	"Inc." or "Co	". A professional				
B. Enter new principal office address, if applicable:					20	_ _
(Principal office address <u>MUST BE A STREET ADDRI</u>	<u>ESS</u>)			7.	ال و	-71
		· · · · - ·			至	******* !-Side
			 		_ <i>C</i> 2	_ }
C. Enter new mailing address, if applicable:				ζή: Eg	PH 12	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			· ·		_ <u>י</u> ב	_ **
				سم سم رو	18	_
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		in Florida, enter	the name of the			
Name of New Registered Agent						
	tFlorida street	address)				
New Registered Office Address:			, Florida			
	(Ci	ייִו		(Zip C	ode)	_
y Registered Agent's Signature, if changing Registe	ored Agent					
reby accept the appointment as registered agent. La		r and accept the ob	ligations of the pe	sition.		
Signatu	re of New Regi	istered Agent, if ch	unging			

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: <u>X</u> Change	\underline{PT}	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
() Change	?	Ahmed Hernandez	8601 NW 34th Place
Add			A103
X Remove			Juneise FL 33351
2) Change			
Add			
Remove			
3) Change	· 		
Add			
Remove			
(Change			
Add			
Remove			
Change			
Add			
Remove			
Change			
Add			
_ Remove			

ttach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
	
	
	
ran amendment provides for an exclusions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	
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The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	tno more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	19,12018	
Simatura		
selecte	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)	
	Pori Lasseus	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

TALLAHASSEE, FL