P18000089173

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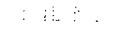
TO: Amendment Section Division of Corporations

2818 DEC 10 PM 3: 59

SECRETARY OF STATE TALLAHASSEE, FLORID!

NAME OF CORPORATION: EXIST ACTIVEM	VEAR & APPAREL, INC	
DOCUMENT NUMBER: P18000089173		
The enclosed Articles of Amendment and fee are su	abmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Michael Hernandez		
	Name of Contact Person	· <u>-</u>
A.S.H CONSULTING SOLI	UTIONS. LLC.	
	Firn/ Company	
8668 SW 114 Place		
	Address	
Miami, FL 33173		
	City/ State and Zip Code	
mhernandez@brokerageins.com		
	sed for future annual report notific	eation)
`	·	,
For further information concerning this matter, plea	se call:	
Michael Hernandez	at ()	0-4870
Name of Contact Person	Area Code & f.	Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department	t of State:
■ \$35 Filing Fee	Certified Copy Co (Additional copy is enclosed) (A	52.50 Filing Fee ertificate of Status ertified Copy additional Copy s enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Addre Amendment S Division of C Clifton Buildi 2661 Executi Tallahassee, I	Section orporations ing ve Center Circle

Articles of Amendment to Articles of Incorporation of



EXIST ACTIVEWEAR & APPAREL, INC

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(Name of Corporation	on as currently filed with the Florida Dept. of STARY OF STATE
P18000089173	TALLAMASSEE, FLORIDA
(Docum	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:
	The new
	I "corporation," "company," or "incorporated" or the abbreviation " "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADD</u>	RESS)
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>
D. If amending the registered agent and/or register	ed affice address in Flarida, enter the name of the
new registered agent and/or the new registered of	
Name of New Registered Agent	
-	(Florida street address)
New Registered Office Address:	, Florida
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Regi	stered Agent: I am familiar with and accept the obligations of the position.
- merch, necept me appointment to regiotered agents.	. and jumina. The and decept the ornigations of the position.
Signa	nture 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.

<u>PT</u>	John Do	<u>e</u>	
<u>v</u>	Mike Jor	ne <u>s</u>	
<u>sv</u>	Sally Sm	n <u>ith</u>	
Title		<u>Name</u>	<u>Addres</u> s
VP	_	Michael Hernandez	8668 SW 114 Place
			Miami, FL 33176
	_		
	_		
	_		
	_		
	_		
	V SV Title	V Mike Jon SV Sally Sm Title	V Mike Jones SV Sally Smith Title Name

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
. <u> </u>	
-	
 	
	
<u> </u>	
If an amendment provides for an exch provisions 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)	
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) ac	12/01/2018 doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		<u></u> ,
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date partment 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) fficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
12/01/2018 Dated	gand sello	
(Byald selegte	rector, 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 led fiduciary by that fiduciary)	
	Yesenia Castillo	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

. . .