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APR 10 2019 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	ELITE FITNESS	& CONDITIONING CORE	<u>.</u>	
	9000006600			
The enclosed Articles of Amend	<i>lment</i> and fee are su	bmitted for filing.		
Please return all correspondence	e concerning this ma	tter to the following:		
MICHA	EL OLMEDO			
	Name of Contact Person			
		Firm/ Company		
5161 CC	LLINS AVE PH C			
MIAMI	BEACH FL 33140	Address		
		City/ State and Zip Cod	e	
Mikejelite5@g	mail.com			
E-m	ail address: (to be u	sed for future annual report	notification)	
For further information concern	ing this matter, pleas	se call:		
MICHAEL OLMEDO		at (
Name of Contac	t Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the follo	wing amount made	payable to the Florida Depa	artment of State:	
	3.75 Filing Fee & ertificate of Status	S43.75 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		Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ELITE FITNESS & CONDITIONING	CORP.				
(Name	of Corporation as curren	tly filed with the Florida Dept. of State)	1		
P19000006600					
	(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006. Florida Statutes, thi	s Florida Profit Corporation adopts the fo	ollowing as	mendn	ment(s) to
A. If amending name, enter the new n	ame of the corporation:				
N/A			TI	he ne	יזוני
	nation "Corp," "Inc," or	ion," "company," or "incorporated" or "Co". A professional corporation name "P.A."	the abbr	eviatio	วท
R Enter new principal office address	if applicable:	5161 COLLINS AVE PH C			
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		MIAMI BEACH FL 33140			
					•
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5161 COLLINS AVE PH C	7-11 17-11	19 ×	
		MIAMI BEACH FL 33140	7.5	55	
			<u> </u>	- 23	· ;
		Lii.		. 5	
D. If amending the registered agent an new registered agent and/or the ne				6: 2	
Name of New Registered Agent OLMEDO, MICHAEL			3.4	;	
name of her negative rigen	5161 COLLINS AVE PH C				
		treet address) .			
New Registered Office Address:	MIAMI BEACH	. Florida 3.	3140		
New Registered Office Address.	(City)		(Zip Cod	(e)	•
New Registered Agent's Signature, if of I hereby accept the appointment as regis		it: with and accept the obligations of the pos	sition		
	lele Ofmice	do			
	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>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	OLMEDO, MICHAEL	5161 COLLINS AVE PH C
Add			MIAMI BEACH FL 33140
Remove			
2) Change		<u> </u>	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)	
If an amendment provides for an exch:	ange, reclassification, or cancellation of issued shares,	
provisions for implementing the amen (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 03/21/2019	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date widocument's effective date on the Department of State's records.	ill 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(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"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 shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 03/21/2019	
Signature MUC Amedo	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
MICHAEL OLMEDO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	