## P20000041884

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1022 JAN 21 PM 2: 04 SECRETARY OF STATE

of 2/1/2022

## **COVER LETTER**

**TO:** Amendment Section

Division of Corporations
NAME OF CORPORATION: TWINS GYMNASTICS INC.  DOCUMENT NUMBER: P2000041884
DOCUMENT NUMBER: 1 2 0 0 13 0 17 0 4 7
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Maria De Carmen Svarez  Name of Contact Person
Name of Contact Person
Name of Contact Person  Twins Gymnstics Incr  Firm/Company
· · · · · · · · · · · · · · · · · · ·
1297-1299 University Drive
Address
Coral Spring SFL 33071  City/ State and Zip Code
City/ State and Zip Code
twinsgymnastics 6 hotmail. 20 m E-mail address to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
,
For further information concerning this matter, please call:
Maria Surcez at 954, 249.3713.
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
Mailing Address Street Address
Amendment Section Amendment Section
Division of Corporations P.O. Box 6327  Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment FILED Articles of Incorporation Name of Corporation as currently filed with the Florida Dept. of State) SECRETARY OF STATE TALLATTASSEE, FL

ment(s) to

_	corporation: inastics Inc	The ne
name must be distinguishable and contain the word ' "Inc.," or Co.," or the designation "Corp," "Inc "chartered," "professional association," or the abb	"corporation," "company," or "incorporated" ( c," or "Co". A professional corporation na	or the abbreviation "Corn
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL	ole: DDRESS)	· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	5817 NN 12 Coral Spri	LS Avenue ngs FL 330
D. If amending the registered agent and/or regist new registered agent and/or the new registered	tered office address in Florida, enter the nam	e of the
Name of New Registered Agent	$\sim$ $\sim$ $\sim$	
	(Florida street address)	<del></del>
New Registered Office Address:		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Re	egistered Agent	

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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>P1</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name / h	<u>Addres</u> s
1) Change		-N/A	
Add		,	
Remove			
2) Change			
Add			
Remove 3) Change	_		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

If amending or adding additional Articles, enter chan (Attach additional sheets, if necessary). (Be specific)	. ) / ^
	$\wedge$ / /A
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	-
<del></del>	
, <u>, , , , , , , , , , , , , , , , , , </u>	
If an amendment provides for an exchange, reclassific	ation, or cancellation of issued shares,
provisions for implementing the amendment if not co (if not applicable, indicate N/A)	ntained in the amendment itself:
(у погаррисиоле, таксые пул)	~ / /n
	N/H

The date of each amendment(s) adoption:late this document was signed.	, if other than the
Fffective date if applicable:	
(no more than 90 days	after amendment file date)
Note: If the date inserted in this block does not meet the applicable s document's effective date on the Department of State's records.	tatutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board action was not required.	of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders. The numl by the shareholders was/were sufficient for approval.	per of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through values the separately provided for each voting group entitled to vote so	
"The number of votes east for the amendment(s) was/were suff	icient for approval
by	<del>"</del>
(voting group)	
Dated January 17, 2022 Signature Tarrockenies	
(By a director, president or other officer – is selected, by an incorporator – if in the hand	
appointed fiduciary by that fiduciary)	
Maria Oc	(Calmen Suarez
(Typed or printed name	of person signing)
Presiden	
(Title of person signing)	