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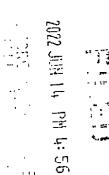
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COVER LETTER

	COVERLETTER		
TO: Amendment Division of	Section Corporations ,	* "	
NAME OF COI	PORATION: XXMM GROUP, INC.		
DOCUMENT N	P20000058655		
The enclosed Art	icles of Amendment and fee are submitted for filing.		
Please return all o	correspondence concerning this matter to the following:		
	Karla Bennaton		
	Name of Contact Person	-	
	XXMM Group. Inc.		
	Firm/ Company		
7500 NW 25th Street			
	Address	_	
	Doral		
	City/ State and Zip Code	=	
	karla@fastfitfitness.com		
	E-mail address: (to be used for future annual report notification)	- 1	201
For further inform	nation concerning this matter, please call:		F. 13 2022 JUH 14
Karla Bennaton	at (786 5648255	- 511 - 20 TS	
N	ame of Contact Person Area Code & Daytime Telephone Number	er	
Enclosed is a che	ck for the following amount made payable to the Florida Department of State:		4: 26
\$35 Filing Fe	Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)	+ e j	.

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation of

XXMM GROUP, INC.		
(Name of Corporation as currently	filed with the Florida Dept. of State)	· · · · · · · · · · · · · · · · · · ·
P20000058655		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation," "co". Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A	ompany," or "incorporated" or the abbreviation professional corporation name must contain	_The new n "Corp.,"
"chartered," "professional association," or the abbreviation "P.A."	projessional corporation name mass contain	· ine woru
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
		
C. Enter new mailing address, if applicable:		2022
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
		1 1 1 1 1 1
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	المعدد الم
V 6V D	(1	5 O
Name of New Registered Agent		
(Florida stree	:l address)	
New Registered Office Address:	, Florida	1-1
(6	City) Zip C	ode)
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.	
Signature of New Reg	gistered Agent, if changing	
Check if applicable		
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c). 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.

X Change	<u>PT</u> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	SV Sally	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	Elvis Espinoza	760 Arabia Avenue
X Add	***************************************		Opa Locka, FL 33054
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Arti- ttach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
	······································
an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
rovisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
-	

The date of each amendment(s) adoption:, if other than the
date this document was signed.
06/04/2022 Effective 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 statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ 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" (voting group)
(voting group)
06/04/2022 Dated
Signature Karla Bennaton
(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)
Karla Bennaton
(Typed or printed name of person signing)
President