P21000031829

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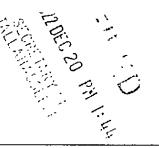
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: EVERFIT INC		
DOCUMENT NUMB	P21000031829		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	condence concerning this ma	tter to the following:	
		JUAN GOMEZ	
-		Name of Contact Person	1
		EVERFIT INC	
-	 	Firm/ Company	··
		3615 NE 207TH ST # 32	09
_		Address	
		AVENTURA, FL 33180)
_		City/ State and Zip Cod	e ·
	J	GOMEZ@EVERFIT.COM	i.CO
-	E-mail address: (to be us	sed for future annual report	notification)
	concerning this matter, pleas		407.0000
	AN GOMEZ	at (_)
Name of	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
☐ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ing Address		Address
Amendment Section Division of Corporations			Iment Section on of Corporations
	Box 6327		entre of Tallahassee
Talla	hassee, FL 32314	2415 1	V. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



EVERFIT INC

	tly filed with the Florida Dept. of State)
P21000031829	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: N/A	
name must be distinguishable and contain the word "corporation,"	The new
"Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
D. Fatan and maintained office address if anniversal	N/A
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Estas new mailing address if applicables	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office ado	
new registered agent and/or the new registered office addres	<u>ss:</u>
Name of New Registered Agent N/A	
(Florida s	treet address)
New Registered Office Address:	. Florida
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	it:
r nereby accept the appointment as registered agent. I am jamitar	with and accept the obligations of the position.
Jud	21/Li
Signature of New/	Registered Agent, if changing

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)

Example:

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> </u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change	D	_	JUAN SEBASTIAN ARANGO	2600 DOUGLAS RD
X Add		_	-	SUITE 801
Remove				CORAL GABLES, FL 33134
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add			,	
Remove				
6) Change		_		<u> </u>
Add				
Remove				

	additional sheets, if necesso	ary). (Be specific)			
'A					
				· · · · · · · · · · · · · · · · · · ·	
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	<u></u>				
					
				·	
					•
lf an an provis	nendment provides for an ions for implementing the	exchange, reclassifi	cation, or cancellar ontained in the am	<u>tion of issued share</u> endment itself:	<u>25.</u>
(if	not applicable, indicate N/	A)			
Ą					
					
			•	<u> </u>	
					
	<u> </u>				-
	<u>. </u>				

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	11-01-2022	
The date of each amendment(s) add	option:	, if other than th
date this document was signed.		
11-01-	-2022	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date wil artment of State's records.	ll not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adop action was not required.	ted by the incorporators, or board of directors without shareholder action and	d shareholder
The amendment(s) was/were adop by the sharcholders was/were suff	ited by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by		
· · · · · · · · · · · · · · · · · · ·	(voting group)	
11-01-2022		
Dated		
Signature _		
(By a dire selected,	ector, president or other officer — directors or officers have not been by an incorporator — if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	····
11	UAN GOMEZ	
_	(Typed or printed name of person signing)	
P	PRESIDENT	
-	(Title of person signing)	