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S. PRATHER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Your Suite on The Water inc					
DOCUMENT NUMBER: P22000006560					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Luca Bosurgi					
Name of Contact Person					
Your suite On The Water Inc					
Firm/ Company					
6063 Schalekamp Dr.					
Address	Address				
Spring Hill, FL 34609					
City/ State and Zip Code					
bosurgi@gmail.com					
E-mail address: (to be used for future annual report notification	on)				
For further information concerning this matter, please call:					
Luca bosurgi at (310) 623-7	289				
Name of Contact Person Area Code & Daytime Telephone					
Enclosed is a check for the following amount made payable to the Florida Department of	State:				
Certificate of Status Certified Copy Certi (Additional copy is Certi enclosed) (Add	50 Filing Fee ficate of Status fied Copy itional Copy closed)				

Mailing Address

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

Amendment Section
Division of Corporations
The Centre of Tallahassee

Articles of Amendment

Articles of Incorporation			
of	<u> </u>	2	
Your Suite on The Water Inc	r . ≻:	22 J	
(Name of Corporation as currently filed with the Florida Dept. of State)	7. 7. 7.	=	17
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(Document Number of Corporation (if known)	η _ς		· • i
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following ame its Articles of Incorporation:	ndme	nt(s) to	
A If amonding name and the company of the company to	⇒.寸 計	0	
A. If amending name, enter the new name of the corporation:			
Mind Fitness Inc The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Co	new		
"Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the "chartered," "professional association," or the abbreviation "P.A."	word		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	_		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:			
Name of New Registered Agent			
(Florida street address)			
New Registered Office Address: . Florida			
New Registered Office Address:, Florida	—		
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.			

Signature of New Registered Agent, if changing

The date of each amendment(s) a date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date will be partment of State's records.	I not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	lopted by the incorporators, or board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	2022 FĂLI
by		2022 JUH 21 ATLANASSEI
	(voting group)	7. S
,	112/2	1 P
Dated 6	113/2027	
Signature	J. D.	H 1: 02 STATE FLORIDA
(By a c	firector, president or other officer - if directors or officers have not been	2 JĀ
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court ited fiduciary by that fiduciary)	
арроп	ned inductary by that inductary)	
	Luca Bosurgi	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	