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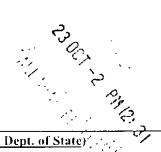


COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: LMC FITNESS. II	NC.	_		
DOCUMENT NUM	P23000064599				
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	IAN K. SMITH				
		Name of Contact Persor)		
	LMC FITNESS, INC.				
	Firm/ Company				
	706 22nd Street				
	Address				
	Tampa, FL 33605				
	City/ State and Zip Code				
	ian.devicesales@gmail.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
IAN K. SMITH		at (<u></u> 813	784-4524		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
An Div P.C	illing Address nendment Section rision of Corporations D. Box 6327 Iahassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

Articles of Amendment to Articles of Incorporation of



LMC FITNESS, INC.

	(Name of Corporation as c	urrently filed with the	Florida Dept. of State	Y. 1. 7
P23000064599				
	(Document Nu	mber of Corporation (if	known)	
Pursuant to the provisions of sec its Articles of Incorporation:	ction 607,1006, Florida Statut	es, this <i>Florida Profit Co</i>	prporation adopts the f	following amendment(s) to
A. If amending name, enter th	ne new name of the corpora	tion:		
		_		The new
name must be distinguishable an "Inc.," or Co.," or the design "chartered," "professional asso	ation "Corp," "Inc," or "	Co". A professional co	corporated" or the abl orporation name must	oreviation "Corp.," contain the word
B. Enter new principal office				
(Principal office address <u>MUS</u>	<u> </u>)		
				
C. Enter new mailing addres				
(Mailing address <u>MAY BE</u> .	A POST OFFICE BOX)			
D. If amending the registered	agent and/or registered off	ice address in Florida. c	enter the name of the	
	r the new registered office :			
Name of New Registere	rd Agent			
	(Fl	orida street address)		
New_Registered Office .	Address:		, Florida_	
		(City)		(Zip Code)
New Registered Agent's Signa	ture if changing Registerer	l Agent:		
I hereby accept the appointment			he obligations of the po	osition.
	 Signature o _i	f 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)

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> <u>Jo</u>	hn Doe	
X Remove	<u>V</u> <u>M</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	IAN K. SMITH	706 22nd Street
X Add			Tampa, FL 33605
Remove			
2) Change			
Add			
Remove 3.) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
-,	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
ν, υργ	
	·

• • • • • • • • • • • • • • • • • • •	September 28, 2023	, if other than the
date this document was signed.	, adoption.	in ones than the
Effective date <u>if applicable</u> :	September 28, 2023	
enective date <u>it appareame</u> .	(no more than 90 days after amendment file date	")
	is block does not meet the applicable statutory filing requirement Department of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK QNE</u>)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without sharel	nolder action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the an e sufficient for approval.	nendment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendme	
"The number of votes (ast for the amendment(s) was/were sufficient for approval	
by		
, ,	(voting group)	
DatedSignature	a director, president or other officer – if directors or officers have exted, by an incorporator – if in the hands of a receiver, trustee, or	
apr	ointed fiduciary by that fiduciary)	
	LISA F. CAMPBELL	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	