P97000102158

| (Requestor's Name) | | | | |
|---|--------------------|-----------|--|--|
| (Address) | | | | |
| (Ac | ddress) | | | |
| (Ci | ty/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Ви | usiness Entity Nar | ne) | | |
| (Document Number) | | | | |
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COVER LETTER

TO: Amendment Section

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Division of Corporations ALL SPORTS KARATE AND FITNESS, INC. NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DAVID MAUGHN Name of Contact Person QT ENTERPRISES, INC. Firm/ Company 11840 N.W. 39TH STREET Address SUNRISE, FL 33323 City/ State and Zip Code dlalml@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MAUREEN THOMAS 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 □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

FILED

will as "

| (Name of Corporation as curre | 2015 AUG 12 PH 3: U8 |
|---|--|
| · | ently filed with the Florida Dept. of State |
| P97000102158 | THE LANASSEE, FLORIDA |
| (Document Numbe | er of Corporation (if koown) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation: | his Florida Profit Corporation adopts the following amendment(s) |
| A. If amending name, enter the new name of the corporation: | |
| QT ENTERPRISES, INC. | The new |
| name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviatio | ntion," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) | NA |
| | |
| 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 a new registered agent and/or the new registered office addr | |
| Name of New Registered Agent NA | |
| (Florida | a street address) |
| | est - 4 t |
| New Registered Office Address: | , Florida |

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> | John Doe | |
|----------------------------|--------------|--------------|------------------------|
| X Remove | <u>v</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1) X Change | PT | DAVID MAUGHN | 11840 N.W. 39TH STREET |
| Add | | | SUNRISE, FL 33323 |
| Remove | | | |
| 2) X Change | vs | DAVID MAUGHN | 11840 N.W. 39TH STREET |
| Add | | | SUNRISE, FL 33323 |
| 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). | icles, enter change(s) here: (Be specific) |
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| If an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A) | nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself: |
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| • • • | AUGUST 3, 2015 | 5 |
|---|----------------------------------|--|
| The date of each amendment(s) date this document was signed. | adoption: | , if other th |
| · A) | UGUST 3, 2015 | |
| Effective date <u>if applicable</u> : | (no more that | n 90 days after amendment file date) |
| Note: If the date inserted in this document's effective date on the l | | plicable statutory filing requirements, this date will not be listed s. |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/were a by the shareholders was/were | | The number of votes cast for the amendment(s) |
| | | through voting groups. The following statement to vote separately on the amendment(s): |
| "The number of votes ca | ast for the amendment(s) was/v | were sufficient for approval |
| by | (voting group) | " |
| | (voting group) | |
| ☐ The amendment(s) was/were a action was not required. | idopted by the board of director | tors without shareholder action and shareholder |
| ☐ The amendment(s) was/were a action was not required. | idopted by the incorporators w | without shareholder action and shareholder |
| Dated X | 8-8-15 | |
| Signature | 5-8-15 DM | |
| (By a | a director, president or other o | officer - if directors or officers have not been |
| | | n the hands of a receiver, trustee, or other court |
| арро | ointed fiduciary by that fiducia | ary) |
| | DAVID MAUGHN | |
| | (Typed or printe | ted name of person signing) |
| | PRESIDENT | |
| | (Tit | itle of person signing) |