67. Jun. 7. 2018 2:11PM



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To:

Division of Corporations

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: (850)617-6380

From:

Account Name : IL BUNSTER & ASSOCIATES, PA

Account Number : I20170000038 Phone : (305)324-2248 Fax Number : (305)324-4959

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COR AMND/RESTATE/CORRECT OR O/D RESIGN FORMULA SPORTYN, INC.

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Corporate Filing Menu

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COVER LETTER

| TO: Amendment Section Division of Corporati | ons | | |
|--|---|--|--|
| NAME OF CORPORAT | ION: | ORMULA SPORTYN, INC | 2. |
| | | 99000023143 | |
| The enclosed Articles of A | mendment and fee are s | ubmitted for filing. | |
| Please return all correspond | dence concerning this m | atter to the following: | |
| | INGRID L E | BUNSTER | |
| | <u> </u> | Name of Contact Perso | on |
| | IL BUNSTE | R & ASSOCIATES, PA | |
| | Firm/ Company 199 SW 12TH AVENUE, SUITE 4 Address | | |
| | | | |
| | | | |
| | MIAMI, FL | 33130 | |
| • | | City/ State and Zip Cod | le |
| | ib@secountin | iggroup.comcastbiz.net | |
| | - | sed for future annual report | notification) |
| For further information con | cerning this matter, plea | se call: | |
| INGRID L BUNSTE | R | 305 | 324-2248 |
| Name of Co | ntact Person | Area Co | dc & Daytime Telephone Number |
| Enclosed is a check for the | following amount made | payable to the Florida Depa | artment of State: |
| S35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | ☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 | | Amend | Address ment Section |
| | | | n of Corporations Building |
| Tallahasse | ec, FL 32314 | 2661 E | xecutive Center Circle |
| | | Tallaha | ssee, FL 32301 |



Articles of Amendment to

| Articles of Incorporation of | | A 40 00 |
|---|--|---|
| | FORMULA SPORTYN, INC | - 03 |
| (Name of Corpo | oration as currently filed with the Fl | orida Dept. of State) |
| | P99000023143 | |
| (D | ocument Number of Corporation (if kn | iown) |
| Pursuant to the provisions of section 607.1006, Flits Articles of Incorporation: | torida Statutes, this Flortda Profit Corp | poration adopts the following amendment(s) to |
| A. If amending name, enter the new name of the | he corporation: | |
| | | The new |
| name must be distinguishable and comain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or | Corp," "Inc," or "Co". A profession | r "incorporated" or the abbreviation |
| B. <u>Enter new principal office address, if applic</u> (Principal office address <u>MUST BE A STREET</u>) | | |
| · | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE | <u>BOX</u>) | |
| | | |
| D. If amending the registered agent and/or registered agent and/or the new register | istered office address in Florida, ente red office address: | r the name of the |
| Name of New Registered Agent | | |
| | (Florida street address) | |
| New Registered Office Address: | | . Florida |
| | (City) | (Zip Code) |
| | | |
| iew Registered Agent's Signature, if changing F hereby accept the appointment as registered agen | Registered Agent: n. I am familiar with and accept the o | ibligations of the position. |
| | ignature of New Registered Agent, if cl | haneine |

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

(Attach additional sheets, if necessary)

address of each Officer and/or Director being added:

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 1'. There is a change, Mike Jones leaves the corporation, Sally Smith is named the Y 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 | PI | John Doe | |
|-------------------------------|--------------|---------------------|---------------------|
| X Remove | Ā | Mike Jones | |
| _X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) Change | s | ANA MILENA SAAVEDRA | 8230 NW 69TH AVENUE |
| X Add | | | TAMARAC, PL 33321 |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | <u> </u> | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| δ) Change | | | |
| Add | | | |
| Remove | | | |

| E. <u>If amending or adding additional Articles, enter change(s) here:</u> (Attach additional sheets, if necessary). (Be specific) |
|---|
| ARTICLE VII: Initial Boards of Directors |
| The initial board of Directors shall read as follows: |
| PRESIDENT: MARTHA O TORRES, Located at 7154 N. University Dr., Suite 123, Tamarac, FI 33321 |
| VICE-PRESIDENT: MARTHA O TORRES, Located at 7154 N. University Dr. Suite 123, Tamarac, Fl 33321 |
| TREASURER: MARTHA O TORRES, Located at 7154 N. University Dr, Suite 123, Tamarac, Fl 33321 |
| SECRETARY: ANA MILENA SAAVEDRA, Located at 8230 NW 69th Avenue, Tamarac, Fl 33321 |
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| F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) |
| |
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| |

| The date of each amendment(a) adoption | , June 7, 2018 | , if other than the |
|--|--|---|
| date this document was signed. | • | |
| i | une 7, 2018 | |
| Effective date if applicable: | <u>·</u> | |
| | (no more than 90 days after amendment file a | iate) |
| Note: If the date inserted in this block de document's effective date on the Department | es not meet the applicable statutory filing requires at of State's records. | nents, this date will not be listed as th |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were adopted by by the shareholders was/were sufficient | the shareholders. The number of votes cast for the for approval. | amendment(s) |
| | y the shareholders through voting groups. The folic ting group entitled to vote separately on the amena | |
| "The number of votes cast for the a | mendment(s) was/were sufficient for approval | |
| by | | |
| | (voting group) | |
| action was not required. | the board of directors without shareholder action a the incorporators without shareholder action and al | |
| DatedJune 7 | , 2018 | |
| | Molleuch | |
| | estitets of other officer - if directors or officers h | |
| | scorporator — if in the hands of a receiver, trustee, any by that fiduciary) | or other court |
| | MARTHA O TORRES | |
| . | (Typed or printed name of person rigning) | |
| | PRESIDENT | |
| | (Title of person signing) | |
| | (a rise as between asthrong) | |