

579782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

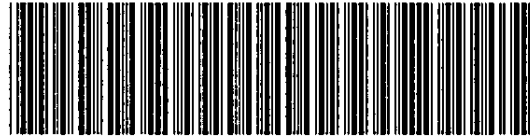
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 21 2012
SECRETARY OF STATE
[Signature]

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JOHN J. KABBOORD, JR.

A PROFESSIONAL ASSOCIATION

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COCOA BEACH, FLORIDA 32981

OF COUNSEL
F. PALMER WILLIAMS

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STEPHANIE A. ESTRADA
Email: stephanie@kabboord.com

August 15, 2012

Amendment section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Articles of Amendment for Advanced Technologies Worldwide, Inc.

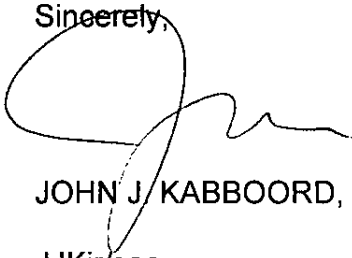
Dear Sir/Madam:

Enclosed please find an original and one copy of the executed Articles of Amendment for filing, together with check in the amount of \$52.50 to cover the necessary filing fees as follows:

Filing Fee	\$ 35.00
Certificate of Status	\$ 8.75
Certified Copy (w/ Additional Copy)	<u>\$ 8.75</u>
TOTAL:	\$ 52.50

Your expedited assistance in filing these Articles is appreciated, and should you have any questions, please do not hesitate to contact this office.

Sincerely,



JOHN J. KABBOORD, JR.

JJKjr/sae
Enclosures

cc: Ms. Debra Ann Ortiz Concepcion

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ADVANCED TECHNOLOGIES WORLDWIDE, INC.

DOCUMENT NUMBER: S79782

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DEBRA A. ORTIZ

Name of Contact Person

ADVANCED TECHNOLOGIES WORLDWIDE, INC.

Firm/ Company

520 CHALLENGER ROAD

Address

CAPE CANAVERAL, FLORIDA 32920

City/ State and Zip Code

debra@atwfeedscrews.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DEBRA A. ORTIZ

Name of Contact Person

at (321) 783 - 5626

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|--|---|--|---|

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

ADVANCED TECHNOLOGIES WORLDWIDE, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

S79782

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_____ *The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

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:

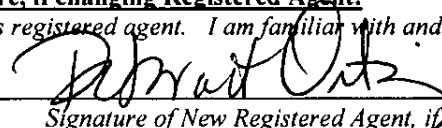
Name of New Registered Agent DEBRA A. ORTIZ

520 CHALLENGER ROAD
(Florida street address)

New Registered Office Address: CAPE CANAVERAL, Florida 32920
(City) (Zip Code)

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

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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:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>DPS</u>	<u>JOAN H. ORTIZ (deceased)</u>	<u>385 CEDAR AVENUE</u> <u>COCOA BEACH, FLORIDA</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>T</u>	<u>JOAN H. ORTIZ (deceased)</u>	<u>520 CHALLENGER ROAD</u> <u>CAPE CANAVERAL, FLORIDA 32920</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DPST</u>	<u>DEBRA A. ORTIZ</u>	<u>520 CHALLENGER ROAD</u> <u>CAPE CANAVERAL, FLORIDA 32920</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>ARSENIO C. CONCEPCION</u>	<u>520 CHALLENGER ROAD</u> <u>CAPE CANAVERAL, FLORIDA 32920</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

The date of each amendment(s) adoption: 8/8/12

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval
by _____."
(voting group)
- The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated August 8, 2012

Signature Debra A. Ortiz
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

DEBRA A. ORTIZ
(Typed or printed name of person signing)

Director/President
(Title of person signing)