P02000086105

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SECRETARY OF STATE

2010 SEP 22 AM 10: 1

Amend

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SEP 23 2010

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPO	oration: Advan	ce Therapy Wool	CS FINC
DOCUMENT NUM	mber: <u>P02000</u>	86105	
The enclosed Article	es of Amendment and fee a	re submitted for filing.	
Please return all cor	respondence concerning thi	s matter to the following:	
		Fuentes	
	N	ame of Contact Person	
·	Advance T	herapy Works I	nc
		Firm/ Company	
_	10265 SW	143 S+	
		Address	
_		FL 33176	
	С	ity/ State and Zip Code	•
	advance	etw @ aol.com	4
	E-mail address: (to be use	d for future annual report notification)	
For further informat	ion concerning this matter,	please call:	
Stella	Fuentes	at (786) 525-1	184
Name o	f Contact Person	at (786) 525-/ Area Code & Daytime Tele	phone Number
Enclosed is a check	for the following amount m	nade payable to the Florida Departi	ment of State:
☑\$35 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 Add		Street Address	
Amendment Section		Amendment Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		Clifton Building 2661 Executive Center Circle	
Tallahassee, FL 32314		2001 EACOUNT CONTOU CHOIC	•

Tallahassee, FL 32301



September 13, 2010

STELLA FUENTES ADVANCE THERAPY WORKS INC. 10265 SW 143 ST MIAMI, FL 33176

SUBJECT: ADVANCE THERAPY WORKS INC.

Ref. Number: P02000086105

We have received your document for ADVANCE THERAPY WORKS INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the title(s) of each officer in your document.

The date of adoption of each amendment must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown Regulatory Specialist II

Letter Number: 610A00021736

Articles of Amendment 2010 SEP 22 AM DO: 12 **Articles of Incorporation** Advance Therapy Works Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P02000086105 (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: 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: Tatiana Marie Fuentes Name of New Registered Agent: 10265 SW 143 St (Florida street address) New Registered Office Address: Miami, Florida 33176 (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. Lam familiar with and accept the obligations of the position.

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)

<u>Title</u>	Name	Address	Type of Action
<u>Vice</u> fresident	Tationa Marie Fuentes	10265 SW1436+ Miami FL 33176	Add Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
(arrach adail	tional sheets, if necessary). (Be specific		
provisions	ndment provides for an exchange, reclar for implementing the amendment if no applicable, indicate N/A)	ssification, or cancellation of issuit contained in the amendment in	ued shares, iself:
-			.
7			

The date of each amendment(s) adoption: 8/31/2010				
	(date of adoption is required)			
Effective date if applicable:				
(no	more than 90 days after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.			
The amendment(s) was/were approvided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):			
"The number of votes cast f	or the amendment(s) was/were sufficient for approval			
by	ng group)			
(voti	ng group)			
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder			
action was not required.	opted by the incorporators without shareholder action and shareholder			
Dated 8/3	Stilla Juentes ector, president or other officer – if directors or officers have not been			
Signature	Itela Thertes			
(By a dir	ector, president or other officer - if directors or officers have not been			
	by an incorporator – if in the hands of a receiver, trustee, or other court			
appointed	fiduciary by that fiduciary)			
	Cuz Stella Fuentes (Typed or printed name of person signing)			
	(Typed or printed name of person signing)			
14	President			
	(Title of person signing)			