

P02000086105

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 SEP 22 AM 10:12

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Amend

TB

SEP 23 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Advance Therapy Works Inc

DOCUMENT NUMBER: P02000086105

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

Please return all correspondence concerning this matter to the following:

Stella Fuentes

Name of Contact Person

Advance Therapy Works Inc

Firm/ Company

10265 SW 143 St

Address

Miami FL 33176

City/ State and Zip Code

advance tw @ aol.com

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

For further information concerning this matter, please call:

Stella Fuentes

Name of Contact Person

at (786) 525-1184

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 &
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
Tallahassee, FL 32314

Street Address

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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

Advance Therapy Works Inc.

PO2000086105

FILED
2010 SEP 22 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Page 1 of 3

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Vice President	Tatiana Marie Fuentes	10265 SW143 St Miami, FL 33176	☒ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

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)

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 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 8/31/2010

Signature Stella Fuentes

(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)

Luz Stella Fuentes
(Typed or printed name of person signing)

President
(Title of person signing)