## P05000151218

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

A.4	1 1/1 .	<b></b>
NAME OF CORPORATION:	mute Massage,	Inc.
DOCUMENT NUMBER: P 05	000151218	<u> </u>
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this r	natter to the following:	
. 1	Contact Person)	, <del></del>
Noetic Hand	Company)	<u>-</u>
9335 SW - Miami, F		
	e and Zip Code)	<u>.                                    </u>
For further information concerning this matter, ple	ease call:	
NOEL TALAVERA, Jr (Name of Contact Person)	at ( 305 )992- (Area Code & Daytime T	7655 Telephone Number)
Enclosed is a check for the following amount:		
\$35 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	Street Address Amendment Section Division of Corporations	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

Articles of Incorporation
Minute Massage. Inc
(Name of corporation as currently filled with the Florida Dept. of State)
PO 50001 51218
(Document number of corporation (if known)
ursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> dopts the following amendment(s) to its Articles of Incorporation:
Noetic Hands, Inc.
Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")  A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
MENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
(Attach additional pages if necessary)
f an amendment provides for exchange, reclassification, or cancellation of issued shares, provision or implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N
(beunitnoo)

OS DEC -8 AM 9: 00
SECRETARY OF STATE
ALLAHASSEE, FLORIN,

The date of each amendment(s) adoption	12/1/2005		
Effective date if applicable:	12/1/2005 12/1/2005 190 days after amendment file date)		
`	ECK ONE)		
The amendment(s) was/were approved 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	or the amendment(s) was/were sufficient for approval by		
(voting g	group)		
The amendment(s) was/were ad and shareholder action was not	opted by the board of directors without shareholder action required.		
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.			
Signature			
(By a director, preside	ent or other officer - if directors or officers have not been reporator - if in the hands of a receiver, trustee, or other court by that fiduciary)		
NOEL (Ty	TALAUERA, JR. ped or printed name of person signing)		
Presid	den+ (Title of person signing)		
(Title of person signing)			

**FILING FEE: \$35**