# P06000110391

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OLIVER J. LANGSTADT ADMITTED IN FLORIDA FAMILY LAW MEDIATOR

CLEMENS W. PAULY, LL.M. ADMITTED IN FLORIDA, NEW YORK AND GERMANY

### LANGSTADT PAULY

CHARTERED

#### **ATTORNEYS**

815 PONCE DE LEON BLVD. CORAL GABLES, FLORIDA 33134 PH: (305) 648-3909 FAX: (305) 648-3910 WWW.LANGSTADTPAULY.COM OF COUNSEL:

MINERVINO RODRIGUEZ, JR. Admitted in Florida

SUPREME COURT CERTIFIED CIVIL & FAMILY MEDIATOR

GLADYS AGUERO ADMITTED IN FLORIDA AND TEXAS

June 6, 2007

## Sent via certified US Mail, return receipt requested

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

RE: Articles of Amendment for The Healing Arts Therapy Center Corp.

Document # P06000110391

Dear Sir or Madame:

Enclosed please find the following:

- 1. Articles of Amendment;
- 2. Appropriate filing fee in the amount of \$35.00.

Please return all correspondence concerning this matter, to my address listed above.

Sincerely yours

Oliver J. Langstadt, Esq

For the firm

MIAMI

OJL/lm Enclosure as stated

KÖLN -

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	TION: THE HEAD	LING ARTS THERAPY CENTE	R CORP.
DOCUMENT NUMBE	R: P06000110391		
The enclosed Articles of	Amendment and fee a	re submitted for filing.	
Please return all correspondent	ondence concerning thi	s matter to the following:	
OLIV	ER J. LANGSTADT,	ESQ.	
<u>_</u>	(Name o	of Contact Person)	
LANG	SSTADT PAULY CH	ARTERED	
	(Fir	m/ Company)	·····
815 P	once de Leon Blvd.		
		(Address)	<del></del>
Cora	l Gables, FL 33134		
-	(City/ St	tate and Zip Code)	
For further information of	concerning this matter,	please call:	
Oliver J. Langstadt		at ( 305 ) 648-3909	
(Name of Co	ntact Person)	(Area Code & Daytime Tele	phone Number)
Enclosed is a check for t	he following amount:		
X\$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 Sect Division of Corp P.O. Box 6327 Tallahassee, FL	ion orations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

## **Articles of Amendment** to Articles of Incorporation of

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THE HEALING ARTS THERAPY CENTER CORP. TOSEE STATE
(Name of corporation as currently filed with the Florida Dept. of State)
P06000110391
(Document number of corporation (if known)
ursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fiorida Profit Corporation</i> dopts the following amendment(s) to its Articles of Incorporation:
EW CORPORATE NAME (if changing):
APPLE THERAPY CENTER CORP.
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) ad/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
no other amendments are adopted
·
·
(Attach additional pages if necessary)
an amendment provides for exchange, reclassification, or cancellation of issued shares, provision r implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N N/A

(continued)

The date of each amend	ment(s) adoption: JUNE 6, 2007
Effective date if applica	ble: JUNE 6, 2007 (no more than 90 days after amendment file date)
Adoption of Amendmen	nt(s) ( <u>CHECK ONE</u> )
	ent(s) was/were approved by the shareholders. The number of votes cast for nt(s) by the shareholders was/were sufficient for approval.
following state	ent(s) was/were approved by the shareholders through voting groups. The ement must be separately provided for each voting group entitled to vote the amendment(s):
"The num	ber of votes cast for the amendment(s) was/were sufficient for approval by
	(voting group)
	ent(s) was/were adopted by the board of directors without shareholder action er action was not required.
	ent(s) was/were adopted by the incorporators without shareholder action and ction was not required.
Signature	(By a director, president of 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)
	ISORA LOPEZ
	(Typed or printed name of person signing)
	President
	(Title of person signing)

FILING FEE: \$35