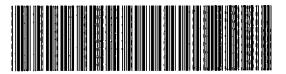
P09000079663

(Requestor's Name)			
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	÷#)	
PICK-UP	☐ WAIT	MAIL	
_	_	_	
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(Do	cument Number)		
Certified Copies	_ Certificates	of Status	
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Special Instructions to	Filing Officer:		
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Amend C.COULLIETTE

JUN 30 2011

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ADVANCE XXI, INC.	_ _
DOCUMENT NUMBER:	P09000079663	_
The enclosed Articles of Amendment	and fee are submitted for filing.	
Please return all correspondence cond	cerning this matter to the following:	
	LORENA R. CARDAMA	
	Name of Contact Person	
	Firm/ Company	
	206 BLACK SPRINGS Cr. Address	,
	Winter Garden FL., 32805	
**************************************	City/ State and Zip Code	
E-mail address	Icardama@cardamalaw.co	7
For further information concerning th		
Lorena R. Cardama	at (<u>321</u>) <i>695</i> -6079	
Name of Contact Person Enclosed is a check for the following	amount made payor	
\$35 Filing Fee \$43.75 Filing For Certificate of S		j
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 322		

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION:		ADVANCE XX		
DOCUMENT NUMI	BER:		P090000	<u> </u>	
The enclosed Articles	of Amendment and fo	ee are s	ubmitted for filing.		
Please return all corre	spondence concerning	g this m	atter to the following	g:	
***************************************			IA R. CARDAMA of Contact Person		
			or contact reison		
		Fi	rm/ Company		
	20	06 BLA	CK SPRINGS Cr.		
			Address		A Park
	W	/inter G	arden FL., 32805		
		City/ S	State and Zip Code		<i>/</i> *
	lcarda	ama@d	cardamalaw.co		. serverano.
	E-mail address: (to be	used for	future annual report not	ification)	
For further information	n concerning this mat	ter, plea	ase call:		,
Lorena	a R. Cardama		at (321)	695 مس	i-60 7 9
Name of C	Contact Person		Area ode & Da		hone Number
Enclosed is a check fo	r the following amour	nt made	payable to the Florid	la Departm	ent of State:
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	مستر.	\$43.75 Filing Fee & Certified Copy (Additional copy is en		☑ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Se Division of Co P.O. Box 6327 Tallahassee, FI	rporations /	ga ga ^{daa}	Street Address Amendment Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	itions iter Circle)

Articles of Amendment to

	Articles of Incorporation of
	ADVANCE XXI, INC.
(Na	ame of Corporation as currently filed with the Florida Dept. of State)
	D0000079663

(Name of Corporation as currently filed with				
(Maine of Corporation as currently theu with	the Florida Dept. of State)			
P09000079663				
(Document Number of Corporat				
rsuant to the provisions of section 607.1006, Florida Statu endment(s) to its Articles of Incorporation:	tes, this <i>Florida Profit Corpore</i>	ation adopt		
If amending name, enter the new name of the corporation	on:			
me must be distinguishable and contain the word "corpore breviation "Corp.," "Inc.," or Co.," or the designation "Come must contain the word "chartered," "professional associ	Corp," "Inc," or "Co". A profection," or the abbreviation "P.A	essional cor		
Enter new principal office address, if applicable: rincipal office address <u>MUST BE A STREET ADDRESS</u>)	206 Black Springs Cr.			
	Winter Garden Fl.,32805			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
	e address in Florida, enter the i	name of the		
(Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office new registered agent and/or the new registered office ad Name of New Registered Agent:	e address in Florida, enter the dress:	name of the		
(Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office new registered agent and/or the new registered office ad Name of New Registered Agent:	dress:	ida		

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>	Address	Type of Action	
DPST	INES CATTELANI	5615 SW. 24Th Ave Fort Lauderdale, Fl.33312		
<u>DPST</u>	LORENA R. CARDAMA	206 BLACK SPRINGS Cr. Winter Garden Fl. 32805	☑ Add □ Remove	
(attach a	ding or adding additional Articles, endeditional sheets, if necessary). (Be specified ARTICLE IV) e,address and the namber of sha	pecific) ' (SHARES)	consideration	
	d address consideration	Shares		
LORENA	R. CARDAMA	1000		
	k Springs Cr.			
Winter G	arden Fl. 32805			
provisi	mendment provides for an exchange, ons for implementing the amendmen not applicable, indicate N/A)			

≺ The date of each amendmen	t(s) adoption: 06	/21/2011	
Effective date <u>if applicable</u> :	06/21/2011	(date of ad	option is required)
effective date <u>if applicative</u> .		0 days after a	amendment file date)
Adoption of Amendment(s)	(<u>CH</u>	ECK ONE)	
The amendment(s) was/we by the shareholders was/w			. The number of votes cast for the amendment(s)
			es through voting groups. The following statement to vote separately on the amendment(s):
"The number of votes	cast for the amend	dment(s) was/	/were sufficient for approval
by			,,,
·	(voting group)		
The amendment(s) was/we action was not required.	ere adopted by the	board of direc	ctors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the	incorporators	s without shareholder action and shareholder
Dated_06/2	21/2011		
Signature		CHIL	
sel		porator – if in	officer – if directors or officers have not been the hands of a receiver, trustee, or other court ary)
		INES	CATTELANI
	(Туј	ped or printed	I name of person signing)
		PR	RESIDENT
	(Title of	f person signi	ng)