

P98000004989

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: MUSCULAR THERAPY ASSOCIATES, INC.
(Proposed corporate name - must include suffix)

100003274061--4
-06/01/00--01083--007
*****35.00 *****35.00

Amendment to

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

35.00

ADDITIONAL COPY REQUIRED

FROM:

Howard Womeldorph CPA
Name (Printed or typed)

7416 OAK RUN LN
Address

SARASOTA, FL 34243
City, State & Zip

(941)-351-3561
Daytime Telephone number

FILED
00 JUN -1 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Amended
+ 2/C
6/9/00
Sf*

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF AMENDMENT

OF

JOE LUBOW, B.S., L.M.T., P.A.

These Amendments of the Articles of Incorporation are made and subscribed for the purposes of amending the articles of incorporation of Financial Consulting International, Inc. under Florida General Corporation Act, Chapter 607.0120, Florida Statutes.

NAME AND PRINCIPAL ADDRESS

The name of this corporation is:

JOE LUBOW, B.S., L.M.T., P.A.

The principal address of the corporation is:

325 Herons Run Drive, #827
Sarasota, Florida 34232

AMENDMENT OF NAME

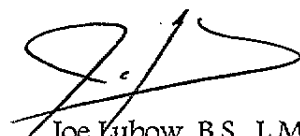
This corporation is changing the corporate name to be MUSCULAR THERAPY ASSOCIATES, INC. effective May 24, 2000.

This amendment was made on May 24, 2000 unanimous by vote of the one stockholder of common stock of the corporation.

The name and address of the person signing these Amendments of the Articles is:

Joe Lubow, B.S., L.M.T.
325 Herons Run Drive, #827
Sarasota, Florida 34232

IN WITNESS WHEREOF, the undersigned Secretary has executed these Amendments of the Articles of Incorporation this 24th day of May, 2000.


Joe Lubow, B.S., L.M.T.
President

FILED
00 JUN -1 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF SARASOTA

I HEREBY CERTIFY that on this 24th day of May, 2000, before me, an officer duly authorized and acting, personally appeared Joe Lubow, B.S., L.M.T., to me known and known to me to be the individual described in and who executed the foregoing instrument and acknowledged then and there before me that he executed said instrument.

WITNESS MY HAND and official seal in the County and State aforesaid this day and year listed above written.


Notary Public
My commission expires:

