## P00 0000 38230

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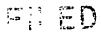
A. Butler 9127121

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: CYTOREX BIOSC	CIENCES, INC.	
	BER: P00000038230	········	
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	CARLOS M. GARCIA		
	<u> </u>	Name of Contact Per	rson
	CYTOREX BIOSCIENCES,	INC.	
		Firm/ Company	
	4474 WESTON ROAD NO.	108	
		Address	
	WESTON, FLORIDA, 3333	1	
		City/ State and Zip C	Code
	CMGARCIA@CYTOREX.C	СОМ	
	E-mail address: (to be us	sed for future annual rep	port notification)
For further informati	on concerning this matter, pleas	se call:	
CARLOS M. GARC	IA	at (	573-4006
Name	of Contact Person	Area	Code & Daytime Telephone Number
Enclosed is a check t	or the following amount made	payable to the Florida D	Department of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee Certified Copy (Additional copy is enclosed)	& S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Div P.C	niling Address nendment Section rision of Corporations D. Box 6327 llahassee, FL 32314	Am Div The 241	eet Address endment Section ision of Corporations Centre of Tallahassee 5 N. Monroe Street, Suite 810 lahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of



CYTOREX BIOSCIENCES INC.

CYTOREX BIOSCIENCES, INC.	10 14 7. 70
	s currently filed with the Florida Deg of Stace 7: 58
P00000038230	. From the STATE
(Document )	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	stutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corpor	ration:
	The new
	ration," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word ion "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	<u>SS</u> )
C. Patanasa mailias addusa if ambiachlas	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If an additional and additional additional and additional add	. Con addition in Planta and a Abraham and Abraham
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office.	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register	
I hereby accept the appointment as registered agent. I am	familiar with and accept the obligations of the position.
Cionatura	of New Registered Agent, if changing
Signature	of the Regimered Agent, if Changing
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X_Change	PT John	<u>Doc</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	SV Sally	<u>Şmith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	CHAIR	JIMENEZ, WILLIAM	4474 WESTON ROAD NO. 108
X Add			WESTON, FL 33331
Remove			
2) Change	CHAIR	MARTUCCI, DAVID	4474 WESTON ROAD NO. 108
Add			WESTON, FL 33331
X Remove 3) Change	DIRECT	ALVAREZ-VISO, RAMON	4474 WESTON ROAD, NO. 108
x Add			WESTON, FL 33331
Remove			
4) Change			
Add			
Remove			
5) Change		<del></del>	
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary)	ticles, enter change(s) . (Be specific)			
(				
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		· · ·		
If an amendment provides for an ex-	change, reclassificatio	n, or cancellatio	n of issued share	<u>25,</u>
provisions for implementing the an	nendment if not conta	ined in the amen	dment itself:	
(if not applicable, indicate N/A)				
		<del></del>		
<del></del>	·- ·-			

The date of each amendment(s) a date this document was signed.	loption:, if other tha
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the D	lock does not meet the applicable statutory filing requirements, this date will not be listed a partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) efficient for approval.
must be separately provided for	each voting group entitled to vote separately on the amendment(s):
	for the amendment(s) was/were sufficient for approval
by	(voting group)
09/01/202 Dated Signature	CMTG-
selecte	rector, president or other officer – if directors or officers have not been i, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	CARLOS M. GARCIA
	(Typed or printed name of person signing)
	DIRECTOR, SECRETARY
	(Title of person signing)