P12000047411

Requestor's Name)				
Address)				
Address)				
City/State/Zip/Phone #)				
☐ WAIT ☐ MAIL				
(Business Entity Name)				
(Document Number)				
Certificates of Status				
Special Instructions to Filing Officer:				

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SEP 2 1 2021

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: CANTOS GROUP	CORP		
	IBER: P12000047411			
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	CANTOS, ANTONIO			
	Name of Contact Person			
		Firm/ Company		
	1500 NW 89th CT Suite 207			
		Address		
	DORAL, FL 33172			
		City/ State and Zip Cod	e	
	acantos@doralmedicalcenter.	com		
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	on concerning this matter, pleas	se call:		
CANTOS, ANTONIO		786	_) 251 2236	
Name	e of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section		Amend	Address Iment Section	
	vision of Corporations D. Box 6327		on of Corporations entre of Tallahassee	
Tallahassee, FL 32314			N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



CANTOS GROUP CORP	2021 440 4.0
(Name of Corporat	ion as currently filed with the Florida Dept. of State 5 Pri 4: 05
P12000047411	SECRETALINATION
(Docum	ment Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florid its Articles of Incorporation:	la Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the c	corporation:
	The new
name must be distinguishable and contain the word "c"Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbr	corporation," "company," or "incorporated" or the abbreviation "Corp.," ," or "Co". A professional corporation name must contain the word eviation "P.A."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD	
C. P. dan and W. a. Alama if applicables	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>OX</u>)
D. If amending the registered agent and/or registered new registered agent and/or the new registered	ered office address in Florida, enter the name of the d office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	egistered Agent: I am familiar with and accept the obligations of the position.
Sig	mature of New Registered 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)

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.

Example: X_Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	TVD	CANTOS, JORGE CESAR	1500 NW 89th CT Suite 207
Add			DORAL, FL 33172
x Remove			
2) Change			
Add			
Remove Change			
Add			-
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<u> </u>	
Add			
Remove			

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an amendment pr	rovides for an exchang	ge, reclassificatio	n, or cancellation	of issued shares,	
rovisions for impl (if not applicab	lementing the amendrale, indicate N/A)	ment il not conta	ined in the amen	imeni usen:	
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···					
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.	08/06/2021	
The date of each amendment(s) addate this document was signed.	ption:	, if other than the
Effective date if applicable:	•	
succeive date in applicable.	(no more than 90 days after amendme	ent file date)
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing artment of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopaction was not required.	ted by the incorporators, or board of directors wit	hout shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	ted by the shareholders. The number of votes eas ficient for approval.	t for the amendment(s)
	oved by the shareholders through voting groups, ach voting group entitled to vote separately on the	
"The number of votes east f	or the amendment(s) was/were sufficient for appro	oval
by		^{**}
, —	(voting group)	
Dated	8/09/21	
Signature	ector, president or other officer – if directors or of	Years have not been
	by an incorporator – if in the hands of a receiver.	
	d fiduciary by that fiduciary)	
_	Antonio Cant	05
	(Typed or printed name of person signi	ng)
_	President	
	(Title of person signing)	