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### COVER LETTER

TO: Amendment Section Division of Corporations

# NAME OF CORPORATION: TECHNOMEDICAL GROUP INC

DOCUMENT NUMBER: P13000041670

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Yanni Paz

Name of Contact Person

TECHNOMEDICAL GROUP INC

Firm/ Company

1200 Brickell Bay Dr No. 1924

Address

Miami, FL 33131

City/ State and Zip Code

É-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Oswaldo Coronado

0 Coronado at (<u>305</u>) <u>850-0986</u> Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

🔲 \$35 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)

Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

<u>Street Address</u> Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment
ťu
Articles of Incorporation
of

## TECHNOMEDICAL GROUP INC

(Name of Corporation as currently filed with the Florida Dept Si State) SEE. FLC.

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(Document Number of Corporation (if known)

Pursuant to the provisions of section 607,1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

# A. If amending name, enter the new name of the corporation:

The new numerimist be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

<u>Enter new principal office address, if appli</u> incipal office address <u>MUST BE A STREET</u>	icable: <u>"ADDRESS</u> )	<u>N/i</u>		
<u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFIC</u> )	<u>E_B()X</u> )			
the new repiste	gistered office address in ered office address:	<u>Florida, enter the</u>	name of the	
If amending the registered agent and/or reg new registered agent and/or the new registe <u>Name of New Registered Agent</u> <u>New Registered Office Address</u> :	(Florida street add)		name of the	

Signature of New Registered Agent, if changing

# Check if applicable

 $\Box$  The amendment(s) is are being filed pursuant to s. 607.0120 (11) (c), 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 tule 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 Chairman is the president of the preside

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>P1</u> <u>John Doe</u> X Remove $\underline{V}$ Mike Jones $\underline{X}$ Add <u>SV</u> Sally Smith Type of Action Title <u>Name</u> Address (Check One) Ċ Ana Gonzales 1) \_\_\_\_ Change 325 Lakeview Dr. \_\_\_\_ Add Weston, FL33326 Х Remove Ĉ Jorge Cardenas 2) \_\_\_\_ Change 325 Lakeview Drive \_\_\_\_Add Weston, FL 33326 х \_ Remove 3) \_\_ Change \_\_\_\_ Add \_\_\_\_ Remove 4) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove 5) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_\_ Remove 61 \_\_\_\_ Change \_\_\_\_ Add \_\_\_ Remove

If amending or adding additional A (Attach additional sheets, if necessary	$t = iB_{R} \cos(it_{res})$	cist ucre.		
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If an amendment provides for an exe provisions for implementing the un-	hange, reclassificati	on, or cancellatio	on of issued shares	1
provisions for implementing the am (if not applicable, indicate N/A)	enument if not cont	ained in the ame	<u>ndment itself:</u>	
				•
			<del></del>	·
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The	9-11-2014 • date of each amendment(s) adoption:, if other than the signed.
Garc	
Eff	9-11-2014 ective date <u>if applicable</u> :
	(no more than 90 days after amendment file dater
Not doci	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the intent's effective date on the Department of State's records.
Ado	ption of Amendment(s) (CHECK ONE)
⊐ т а	he amendment(s) was were adopted by the incorporators, or board of directors without shareholder action and shareholder ction was not required.
<b>≣</b> Т ⊦	he amendment(s) was were adopted by the shareholders. The number of votes east for the amendment(s) y the shareholders was were sufficient for approval.
⊐т. ″	ne amendment(s) was were approved by the shareholders through voting groups. The following statement ust be separately provided for each voting group entitled to vote separately on the amendments):
	"The number of votes cast for the amendment(s) was/were sufficient for approval
	by
	(voting group)

(By a difector, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court

(Typed or printed name of person signing)

(Title of person signing)

appointed fiduciary by that fiduciary)

Yanni Paz

President

Signature \_-