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To:			
	Division of Corporations Fax Number : (850)617-6380		
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SECTION -7	er the email address for this business ent annual report mailings. Enter only one email address: contact@cyancinc.com	ity to be used for f ail address please.*	2021 HAY -
F	COR AMND/RESTATE/CORRECT	OD OD DECICN	7 h
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	ANA CRISTINA ANAUATE HIRS	CHBRUCH P.A.	· ယ
	Certificate of Status	1	3
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Electronic Filing Menu

Estimated Charge

Corporate Filing Menu

Help

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF COR	PORATION: ANA CRISTINA	ANAUATE HIRSCHBRUG	CH P.A.			
	JMBER: P14000051891					
	cles of Amendment and fee are su	bmitted for filing.				
Picase return all c	orrespondence concerning this ma	tter to the following:				
	ANA CRISTINA ANAUAT	E HIRSCHBRUCH				
		Name of Contact Person	1			
	ANA CRISTINA ANAUATE HIRSCHBRUCH P.A.					
	Firm/ Company					
	520 PALM BLVD.					
	Address					
	WESTON, FL 33326					
		City/ State and Zip Code	:			
	contact@cyancinc.com					
	E-mail address: (to be us	sed for future annual report	notification)			
For further inform	ation concerning this matter, pleas	se call:				
ANA CRISTINA	ANAUATE HIRSCHBRUCH	at (<u>804-0372</u>			
Na	me of Contact Person	Arta Coo	de & Daytime Telephone Number			
Enclosed is a chee	k for the following amount made	payable to the Florida Depa	artment of State:			
S35 Filing Fe	© \$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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Division The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303			

Articles of Amendment to Articles of Inc

FILED

	of		EUZI MAY
NA CRISTINA ANAUATE HIRSCHI	BRUCH P.A.		2021 MAY -7 PM 1:31
(Name :	of Corporation as currently	filed with the Florida De	pt. of State)
4000051891			
	(Document Number of	Corporation (if known)	
risuant to the provisions of section 607. Articles of Incorporation:	1006, Florida Statutes, this I	Torida Profit Corporation	adopts the following amendmen
If amending name, enter the new name. NAUATE & HIRSCHBRUCH P.A.	ame of the corporation:		
			The new
ime must he distinguishable and contain Inc.," or Co.," or the designation "C chartered," "professional association,"	Corp," "Inc," or "Co". A		
B. Enter new principal office address, if applicable:		-NO CHANGES-	
Principal office address <u>MUST BE A S</u>			
. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u>		-NO CHANGES-	
If amending the registered agent an new registered agent and/or the new	d/or registered office addr registered office address:	ess in Florida, enter the n	ame of the
Name of New Registered Agent	-NO CHANGES-		
		·	
	(Florida stre	et address)	<u> </u>
			. Florida
New Registered Office Address:		'Ciny)	

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	<u>r.ı</u>	John Doe	
X Remove	¥	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Tyne of Action (Check One)	<u>Tide</u>	<u>Name</u>	<u>Address</u>
1) Change	VP	ESTEVAM HIRSCHBRUCH	520 PALM BLVD
X Add			WESTON, FL 33326
Remove			
2) Change		_	
Add			
Remove 3) Change		_	-
Add			
Remove			
4) Change			_
Add			·
Remove			
5) Change		_	_
Add			
Remove			<u> </u>
6) Change		_	_
Add			
Demove			

	onal sheets, if nee	onel Articles, ent cessary). (Be sp	ecific)			
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<u>r an amendi</u> provisions i	<u>nent provides so</u> or implementing	or an exchange, reg	if not contained	<u>er cancellation of</u> Lin the amendm	nt itself:	
(if not a	pplicable, indica	ie N/A)				

The date of each amendment(s) adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this de Department of State's records.	te will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder acti	on and shareholder
The amendment(s) was/were aby the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment sufficient for approval.	R)
☐ The amendment(s) was/were s must be separately provided j	approved by the shareholders through voting groups. The following statements or each voting group entitled to vote separately on the amendment(s):	en i
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
May 7th Dated	2021	
	Ana Cristina A Hirschbruch	
scloo	director, president or other officer — if directors or officers have not been ted, by an incorporator — if in the hands of a receiver, trustee, or other cour inted fiduciary by that fiduciary)	τ
••	ANA CRISTINA ANAUATE HIRSCHBRUCH	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	