# P15000013054

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: KLYO MEDICAL	SYSTEMS INC	
	BER: P15000073054		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	LUIS F. TORRES		
	- <del></del> -	Name of Contact Person	
	KLYO MEDICAL SYSTEM	IS INC.	
		Firm/ Company	
	1464 NW 82ND AVENUE	• •	
		Address	
	DORAL, FLORIDA 3326		
		City/ State and Zip Code	
SALE	ES@KLYOMEDICAL.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
MICHELE VALLAD	ARES	at ( <sup>305</sup>	921-9442
Name	of Contact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	rtment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is	S52.50 Filing Fee Certificate of Status Certified Copy

enclosed)

**Mailing Address** 

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(Additional Copy is enclosed)

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# Articles of Amendment Articles of Incorporation of

KLYO MEDICAL SYSTEMS INC.		<u> </u>	<del></del>	
(Name o	f Corporation as current	ly filed with the Florida	Dept. of State)	
P15000073054				_
	(Document Number o	of Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporati	ion adopts the following	amendment(s) t
A. If amending name, enter the new na	me of the corporation:			
N/A				The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associate	ation "Corp," "Inc," or	"Co". A professional co	corporated" or the ab prporation name must c	breviation ontain the
m m	:f 1: b.	N/A		
B. Enter new principal office address, (Principal office address MUST BE A S		<del></del>		<del></del>
(1 morphic office and cook in the cook in				<u></u>
				<del>- 30 -</del>
C. Enter new mailing address, if appli	cable:	N/A		- [
(Mailing address MAY BE A POST	OFFICE BOX)			<del> </del>
				<del>\</del>
			<del></del>	··
		<u></u>	<u> </u>	
D. If amending the registered agent an	d/or registered office add	dress in Florida, enter th	ne name of the	÷ .
new registered agent and/or the new	w registered office addres	55:		
	N/A			
Name of New Registered Agent				
			<u> </u>	
	(Florida s	treet address)		
New Registered Office Address:	N/A		, Florida	_
1.6.7.1.0.5.0		(City)	(Zip C	Code)
		(0.0)		
New Registered Agent's Signature, if c	hanging Registered Ager	<u>it:</u>		
I hereby accept the appointment as regis	tered agent. I am familiai	r with and accept the obti	gations of the position.	
	Sign stone of Many	Registered Agent, if char	nging	-
	signature of New	Negisiereu Agent, ij Char	181118	

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 Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change		N/A	
Add			
Remove			
2) Change		N/A	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attached.	itional sheets, if i	necessury). (E	e specific)			
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f an amend	lment provides :	for an exchang	o raclassificatio	n, or cancellation o	. C. L.	
provisions	for implementing	ng the amendm	ent if not conta	ined in the amenda	ent itself:	
(if not	applicable, indic	cate N/A)			tene ttaen.	
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# Klyo Medical Systems Inc.

Pursuit to section 607.1006, of Florida Statutes, this corporation adopts the following Articles of Amendment to its Articles of Incorporation:

First: The following article of the Articles of Incorporation were amended to read as follows:

### **ARTICLE III**

The purpose for which the corporation is formed, and the business carried on and promoted by are as follows:

- 1. Sales and Service of Medical Equipment and Accessories, Surgical Room Equipment. Surgical Room Lighting Systems, and Specialty Surgery Tables and Accessories.
- 2. Manufacturing and Assembly of Surgical Tables and Lighting Systems.
- 3. Service and Support of Distributors and Business Partners.
- 4. Any and All business related to Hospital and Medical Supplies within the law.

Second: This amendment was adopted on January 1, 2019.

**Third:** The amendment was adopted by the shareholders. The number of votes cast for the amendment by the shareholders was sufficient for approval.

Signed this 1rst day of January 2019.

Luis Torres President

January 1, 2019  The date of each amendment(s) adoption:
date this document was signed.
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by"  (voting group)
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
January 1, 2019
Dated
Signature L
(E) a director, 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 appointed fiduciary by that fiduciary)
Luis Torres
(Typed or printed name of person signing)
President
(Title of person signing)