

P19000058393

10/02/2021 15:34

3055201440

LAZARUS CORPORATE

PAGE 01/002

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000368381 3)))



H21000368381 3ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

COR AMND/RESTATE/CORRECT OR O/D RESIGN
CYBELE MEDICAL CORP

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2021 OCT - 1 AM 9:40

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

VH

Articles of Amendment
to
Articles of Incorporation
of

Cybele Medical Corp

Florida Document Number: 99000058393

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

Remove Carlos Castillo

Add Yamilys Galiano
to President

Add Yamilys Galiano R.A

14209 SW 160 CT

Miami FL 33196

Change all addres

14209 SW 160 CT

Miami FL 33196

These articles of amendment were adopted on 10/01/2021

The corporation has only one group of voting stock. This amendment was approved by the shareholders and the number of votes cast for amendment was sufficient for approval.

Carlos

Signature

Carlos Castillo GP

Printed Name and Title

FILED
2021 OCT - 1 AM 9:40
CLERK OF STATE
TALLAHASSEE, FLORIDA

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent, am familiar with and accept the obligations of the position.

[Signature]
Signature of New Registered Agent, if changing