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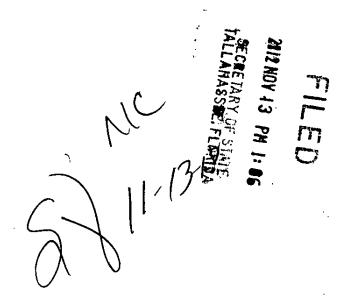
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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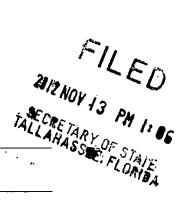


COVER LETTER

TO: Amendment Section Division of Corporations

	RATION: MEGA PHA BER: P0100007319		LS INC.
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	Renier Cruz, Esq		
		Name of Contact Persor	1
	Renier Cruz, P.A.		
		Firm/ Company	
	300 Sevilla Avenu		
	Corol Cobles El	Address	
	Coral Gables, FI	City/ State and Zip Code	
	_	City/ State and Zip Cour	;
rc@	ocruzpa.com		
	E-mail address: (to be us	ed for future annual report	notification)
For further information	n concerning this matter, pleas	e call:	
Renier Cruz,	Esq.	at (305	443-2772
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to **Articles of Incorporation** of



MEGA PHARMACEUTICALS INC.

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

P01000073198

(Document Number of Corporation (if known)

ent(s) to

	e corporation:	
Alfa Manufacturing, INC.		The n
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	orp," "Inc," or "Co". A professional	
B. Enter new principal office address, if application (Principal office address MUST BE A STREET A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u>)	
		<u> </u>
D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered.		the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	,	Florida
<u>New Registerea Office Address:</u>	(City)	(Zip Code)
New Registerea Office Address:		
New Registered Agent's Signature, if changing		

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 Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change				
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add		_		
Remove				
5) Change	<u></u>	<u> </u>		
Add				
Remove				
6) Change		<u></u>		
Add				
Remove				

If an amendment provides for an exchange, recla provisions for implementing the amendment if (if not applicable, indicate N/A)	
provisions for implementing the amendment if i	
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provisions for implementing the amendment if i	
provisions for implementing the amendment if i	ssification, or cancellation of issued shares.
(у погаруницые, такие пол	ot contained in the amendment itself:

The date of each amendment(s) adoption: INOVERNOEL 1, 2012
Effective date if applicable: November 7, 2012
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (<u>CHECK ONE</u>)
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.
Dated November 7, 2012
Signature
(By 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)
Alejandro Valdes
(Typed or printed name of person signing)
President
(Title of person signing)