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(Re	equestor's Name)	
(Ad	ldress)	
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COVER LETTER

TO: Amendment Section Division of Corpor		Pr				
NAME OF CORPORA	ATION: U	Jal	PHARMA	MEDICAL	RESEARCH	CORP.
DOCUMENT NUMBI	ER:	707	00003	8034		
The enclosed Articles of	f Amendment and	d fee are sub	nitted for filing.			
Please return all corresp	ondence concerni	ing this matte	er to the following:			
_	Migu	the F	. HIRABF	1		
			Name of Contact I	Person		
_	Gle	BAL	LEGAL			
			Firm/ Compar	•	1	
_	2655	<u> 7 (6)</u>	eune Ro	ad su	te 412	
	(a) A1	,	Address			
_	COKER	<u> </u>			FLORIDA	•
			City/ State and Zip			
	mmir	abal	@ glot	ballegd	lmiemi.	com
			d for future annual r		·	
For further information	concerning this m	natter, please	call:			
MIGUEL F	. MIRABP	۱۲	at (_30'	<u>5</u> , 77	3 1010	_
Name of	Contact Person		Ar	ea Code & Daytime	Telephone Number	
Enclosed is a check for	the following amo	ount made pa	yable to the Florida	Department of Sta	te:	
\$35 Filing Fee	□\$43.75 Filis Certificate o	_	□\$43.75 Filing Fe Certified Copy (Additional copy enclosed)	Certifica	te of Status Copy nal Copy	
- 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			

Articles of Amendment

Articles of Incorporation of

WELL PHARMA	MEDICAL	RESEARCH	CORP		
(Name of Corporation as cut			<u> </u>	-	
P 0700	003803	31			
(Document No	umber of Corporation (if	known)		-	
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6, Florida Statutes, this F	lorida Profit Corporation a	dopts the followin	g amendment(s)) to
A. If amending name, enter the new name	of the corporation:			The new	
name must be distinguishable and contain "Corp.," "Inc.," or Co.1" or the designation word "chartered," "professional association,	n "Corp," "Inc," or "C	o". A professional corpor		bbreviation	
B. Enter new principal office address, if an (Principal office address MUST BE A STRE	pplicable; SET ADDRESS)	N1/	+	-	
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF)		NIA	f	- - -	
D. If amending the registered agent and/or new registered agent and/or the new re		ess in Florida, enter the na	me of the	_	
Name of New oegistered Agent	N/A	4	-	. Care	
New oegistered ffice Address:	(c lorida stree N / A	et address), Florida		13 APR 2	
	(City)		(wip Code)	9	A STATE OF THE PARTY OF THE PAR
New Registered Agent's Signature. if chan f hereby accept the appointment as registered		_	ns of the position.	1:59	Co.

pignature of New oegistered Agent1 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 I if necessary)

Example:

mlease note the officer/director title by the first letter of the office title:

Changes should be noted in the following manner. Currently gohn a oe is listed as the mpT and Mike gones is listed as the s. There is a changel Mike gones leaves the corporation pally pmith is named the s and p. These should be noted as gohn a oel mT as a Changel Mike gones s as oemovel and pally pmith ps as an Add.

X Change	PT Jo	hn Doe	
X Remove	Y M	ike Jones	
<u>-X</u> Add	SV Sa	ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) X Change	\sqrt{D}	FRANKLIN MIRABAL	7000 SW 62 AVE
Add			SUITE 100 & 405
Remove		•	MIAMI, 33143, FL
2) Change	PSD	EDDIE ARNAS	7000 SW 62 AVE
X Add			SUITE 100 & 405
Remove			MIAMI, 33143, FL
3) Change	TD	ELISSA DOENS	7000 SW 62 AVE SUITE 100 & 405
Add			,
Remove			MIAMI, 33143, FL
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
б) Change			
Add		•	
Remove			
		Page 2 of 4	

Attach additional sheetsI if necessary).	(Be specific)
•	
	NIA
	•
	· ·
f an amendment provides for an excb	hange, reclassification, or cancellation of issued shares.
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable! indicate N/A)	
·- · · · · · · · · · · · · · · · · · ·	,\
	N/A
· · · · · · · · · · · · · · · · · · ·	

	The date of each amendment(s) adoption: 04/23/13
	Effective date if applicable: 04/23/13
	(no more than 90 days after amendment file date)
•	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)
,	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 $04/23/13$
	- 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)
	- +w 1-
	(Typed or printed name of person signing)
	VD' FRANKLINI MIRABAL
	(Title of person signing)