## P07000134090

| (Re                     | equestor's Name)   |                  |
|-------------------------|--------------------|------------------|
| (Ad                     | dress)             |                  |
| (Ad                     | dress)             |                  |
| (Cit                    | ty/State/Zip/Phone | <del>: #</del> ) |
| PICK-UP                 | ☐ WAIT             | MAIL             |
| (Bu                     | isiness Entity Nam | ne)              |
| (Do                     | ocument Number)    |                  |
| Certified Copies        | Certificates       | of Status        |
| Special Instructions to | Filing Officer:    |                  |
|                         |                    |                  |
| •                       |                    |                  |
|                         |                    |                  |

Office Use Only



700155976397

05/15/09--01030--025 \*\*35.00





## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORI                               | PORATION:                                  | Rose Pharmaceuticals, In   | C.  |
|--|--|--|---|
| DOCUMENT NU                                | MBER:                                      | P07000134090   |   |
| The enclosed Artic                         | les of Amendment and fee                   | are submitted for filing.  |   |
| Please return all co                       | orrespondence concerning t                 | this matter to the following:                                    | •   |
|  |  | Matt Rysavy  | <del> </del>  |
|  |  | Name of Contact Person   |   |
|  | Ros  | e Pharmaceuticals, Inc.  |   |
|  |  | Firm/ Company  |   |
|  | 255 E                                      | EVERNIA STREET #1308   |   |
| •  |  | Address  | <del></del>   |
|  | WEST                                       | FPALM BEACH FL 33401   |   |
|  | 77.0                                       | City/ State and Zip Code   |   |
|  | matt@ros                                   | sepharmaceuticals.com  |   |
| <del></del>                                | E-mail address: (to be u                   | ised for future annual report notification)                      | ·   |
| For further inform                         | ation concerning this matte                | er, please call:   |   |
|  | Matt Rysavy                                | at ( 561 ) 915  Area Code & Daytime Telep                        | 9-9445  |
| Name                                       | of Contact Person                          | Area Code & Daytime Telep  | phone Number  |
| Enclosed is a chec                         | k for the following amount                 | t made payable to the Florida Departm                            | nent of State:  |
| <b>☑</b> \$35 Filing Fee                   | \$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Address                            |  | Street Address Amendment Section                                 |   |
| Amendment Section Division of Corporations |  | Division of Corporations   |   |
| P.O. Box 6327                              |  | Clifton Building   |   |
| Tallahassee, FL 32314                      |  | 2661 Executive Center Circle<br>Tallahassee, FL 32301            |   |

## Articles of Amendment to Articles of Incorporation of

| ently filed with the Florid   | a Dept. of State)  |
|---|--|
| 7000134090  | 4.0  |
| mber of Corporation (if know  | wn)  |
| 06, Florida Statutes, this <i>Fl</i>  | orida Profit Corporation adopts the fi   |
| of the corporation:   | EE FL ST   |
| the word "corporation,"<br>e designation "Corp," "Inc,<br>ofessional association," or | "company," or "incorporated" of the state of |
|   |  |
|   |  |
|   |  |
| registered office address in istered office address;                                  | Florida, enter the name of the   |
|   | ı Florida, enter the name of the   |
|   |  |
| istered office address:   |  |
|   | of the corporation:  the word "corporation," e designation "Corp," "Inc  |

## 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)

| <u>Title</u>            | <u>Name</u>   | Address  | Type of Action                         |
|-------------------------|---|--|--|
|                         |   |  | Add Remove                             |
| <del></del> ,           |   |  | Add Remove                             |
|                         | ~   |  | ☐ Add ☐ Remove                         |
| (attach d<br>Article IV | additional sheets, if necessar<br>is amended to increase                        | Articles, enter change(s) here: y). (Be specific) e the number of shares the corpora emmon stock with a par value of \$0 |  |
|                         |   |  |  |
| provis                  | mendment provides for an ions for implementing the not applicable, indicate N/A | exchange, reclassification, or cancellat<br>amendment if not contained in the ame<br>)                                   | on of issued shares,<br>adment itself: |
|                         |   |  |  |
|                         |   | ·  |  |
|                         |   |  |  |
|                         | ·   |  |  |

| The date of each amendment(s) adoption: May 14, 2009 |  |  |
|--|--|--|
| • Effective date <u>if applicable</u> :              | Upon Filing .  |  |
|  | (no more than 90 days after amendment file date)   |  |
| Adoption of Amendment(s)                             | (CHECK ONE)  |  |
|  | ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.  |  |
|  | ere approved by the shareholders through voting groups. The following statement ed 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/we action was not required.     | ere adopted by the board of directors without shareholder action and shareholder   |  |
| The amendment(s) was/we action was not required.     | ere adopted by the incorporators without shareholder action and shareholder  |  |
| Dated May  | 14, 2009   |  |
| Signature _  |  |  |
|  | y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court |  |
|  | pointed fiduciary by that fiduciary)   |  |
|  | Matt Rysavy  |  |
|  | (Typed or printed name of person signing)  |  |
|  | President  |  |
|  | (Title of person signing)  |  |