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SECRETARY OF STATE

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JUN 1 2 2012

T. BROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION DOCUMENT NUMBER:	_{N:} <u>POPULAR</u> P1000007439	PHARMA INC	
The enclosed Articles of Ame			
Please return all corresponden	ce concerning this ma	atter to the following:	
CAF	RLOS M. ALE	MAN	
		Name of Contact Pers	on
POF	PUPAR PHAR		
		Firm/ Company	
148	NW 60TH AV	/E.	
		Address	
MIAN	1I, FL. 33126		
		City/ State and Zip Co	de
aleman	@bellsouth.n	et	
		sed for future annual repo	rt notification)
	`		,
For further information concer	ming this matter, pleas	se call:	
CARLOS M. ALE	MAN	at (305	, 807-9719
Name of Conta	ct Person	Area C	ode & Daytime Telephone Number
Enclosed is a check for the fol	lowing amount made	payable to the Florida De	partment of State:
	643.75 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)
Mailing Ad Amendment Division of 6 P.O. Box 63 Tallahassee,	Section Corporations 27	Amer Divis Clifto 2661	t Address adment Section ion of Corporations in Building Executive Center Circle

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



POPULAR PHARMA INC

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

ent(s) to

P10000074390			
(Document Number of C	Corporation (if know	n)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida	a Profit Corporation add	opts the following amend
A. If amending name, enter the new name of the cor	poration:		
			The r
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the a	" "Inc," or "Co".	ompany," or "incorpor A professional corporat	ated" or the abbreviat
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDI</u>	<u>RESS</u>)		
			<u> </u>
C. Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	ý <u> </u>	-	* · · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or registered new registered agent and/or the new registered o		Florida, enter the name	e of the
	_		
Name of New Registered Agent	<u> </u>		
	(Florida street add	ress)	
New Registered Office Address:	(City)	, Florida_	71. 0. 1.)
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Regis	stered Agent:		
hereby accept the appointment as registered agent. I		d accept the obligations	of the position.
Circumstance of Man	Pagintanad Acront	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.

X Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change Add	VP	CARLOS M. ALEMAN	148 NW 60TH AVE	
X Add Remove			MIAMI FL. 33126	
2) Change Add Remove	VP	BASSAN SAAD	7766 NW 46 ST DORAL FL 33166	
3) Change Add Remove				
4) Change Add Remove				
5) Change Add Remove				
6) Change Add Remove				

E. If amending or adding additional Artic (attach additional sheets, if necessary).	(Be specific)
N/A	•
	,
F. If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:

The date of each amendment(s) a	doption: MAY 21, 2012
Effective date <u>if applicable</u> :	AY 21 2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.
	proved by the shareholders through voting groups. The following statement 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 add action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated_MAY 2	1 2012
Signature	Graf
selected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	GIULIO CESARE JULIANI GONZALEZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)