P10000081053

(Requestor's Name)	
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PICK-UP WAIT	MAIL
/D .: F. Ch.Mann)	
(Business Entity Name))
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S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: OHM Pharmacy Services Inc DOCUMENT NUMBER: P10000081053 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Carly Tan Name of Contact Person Ravkoo Inc Firm/ Company 5908 Breckenridge Parkway Address Tampa, FL 33610 City/ State and Zip Code Info@benzerpharmacy.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

Carly Tan

at (813) 304-2221 ext 100

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

S35 Filing Fee

Certificate of Status

Certified Copy
(Additional copy is enclosed)

S43.75 Filing Fee & Certified Copy
(Additional Copy is enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

OHM Pharmacy Services Inc

(Name of Corporation	n as currently filed with the Florida Dept. of State)
P10000081053	
(Docum	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:
Ravkoo Inc	The new
	rporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word viation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	, Sing Time
(Matting dates) MAT BE A POST OFFICE BOX	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	<u> </u>
	CC. " I tend
D. If amending the registered agent and/or register new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regi	stered Agent:
hereby accept the appointment as registered agent.	am familiar with and accept the obligations of the position.
Signa	ture of New Registered Agent, if changing
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ling additional Art neets, if necessary).	(Be specific)				
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f an amendment p	rovides for an exch	iange, reclassific	ation, or cancel	lation of issued s	<u>hares,</u>	
provisions for imp	ole, indicate N/A)	nument ii not co	ontained in the a	menument usen	•	
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	option:	, if other than th
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file da	ite)
	(no more man 20 days after amenament file da	
Note: If the date inserted in this blocument's effective date on the De	ock does not meet the applicable statutory filing requirem partment of State's records.	ents, this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shar	eholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the afficient for approval.	amendment(s)
• • • • • • • • • • • • • • • • • • • •	roved by the shareholders through voting groups. The followeach voting group entitled to vote separately on the amenda	_
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	,"	
,	(voting group)	
Dated\D\/ Signature	16/2020 M.	
selected	rector, president or other officer – if directors or officers have, by an incorporator – if in the hands of a receiver, trustee, coed fiduciary by that fiduciary)	
	Alpesh Patel	
•	(Typed or printed name of person signing)	<u> </u>
	President	
	(Title of person signing)	