P12000055198

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u> </u>

Office Use Only



700290784697

10/06/16--01021--023 **35.00

2016 OCT -6 AM 0: 20

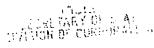
OCT 12 2016 C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: West Pharma USA, Cap
DOCUMENT NUMBER: 2 000055 198
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person
Firm/ Company 8001 N. Dale Mabry HW/ #401 Address Tampa F1 33614 City/ State and Zip Code Lucyyoungpa a Gmail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Z1Z1 A · YOUNG at (813) 359 - 7169 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:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



	o f		2016 OCT -6 AM 8= 2
(Name of Corpor	Pharma US	with the Florida Dept.	
	2000055		,
	cument Number of Corpo	` ' 	
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	-	•	opts the following amendment(s)
A. If amending name, enter the new name of the	corporation:		
	NA.		The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	orp," "Inc," or "Co".	ompany," or "incorpor	ated" or the abbreviation
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A)	ble: DDRESS)	N/A	
D. If amending the registered agent and/or regis	stered office address in	Florida, enter the name	e of the
new registered agent and/or the new registered	ed office address:		
Name of New Registered Agent		N/A	
	(Florida street add	ress)	
New Registered Office Address:			Florida
	(City)		(Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		d accept the obligations	of the position.
Si	ignature of New Register	red Agent, 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	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l) Change	P/C	2121 YOUNG	8001 N. Dale Mabey HWT
Add			# 401 Tampa, Fl 33614
2) Change	V/P	MORDECHAY M KASPI	8001 N. Dale Habry HW/
Add	·		# 401
Remove 3) Change	PB	Magdi H AHMED	Tampa, Fl 33614 8001 N. Dole Mabey Hu
Add	•		# 401 Tampa, Fl 33614
4) Change			
Add Remove			·
5) Change			
Add			
6) Change			
Add			
Remove			

(Attach ada	ing or adding additional Articled ditional sheets, if necessary).	(Be specific)		1 A-	
			\sim \sim \sim	/ //	
				 	
			· · · · · · · · · · · · · · · · · · ·		
			111111111111111111111111111111111111111		
If an ama	endment provides for an excha	nga raclassificatio	n ar concellation of	iccuad charae	
provision	ns for implementing the amenote applicable, indicate N/A)	dment if not contai	ned in the amendm	ent itself:	
(ij no	л аррисавіе, інаісаге 14/А)			A	
			-/V / .	/ /	

The date of each amendment(s) adoption: date this document was signed.	October	4,2016	if other than the
Effective date if applicable:	October 4 (no more than 90 days after	dmendment file date)	<u> 2016 OCT</u> -6 AM
Note: If the date inserted in this block does no document's effective date on the Department of S		ory filing requirements, this	s date will not be listed as the
Adoption of Amendment(s) (CHE	ECK ONE)		
The amendment(s) was/were adopted by the siby the shareholders was/were sufficient for ap		votes cast for the amendme	nt(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting g			ement
"The number of votes cast for the amend	dment(s) was/were sufficient	for approval '"	
☐ The amendment(s) was/were adopted by the b action was not required.	poard of directors without sha	reholder action and shareholder	older
☐ The amendment(s) was/were adopted by the in action was not required.	ncorporators without shareho	older action and shareholder	:
Signature (By a director president)	dent or other officer – if diference – if in the hands of a by that fiduciary)		
	$\frac{Z}{Z}$ $\frac{Z}{Z}$ $\frac{A}{Z}$.	you signing)	
	Pasi	don't	
	(Title of person si	gning)	

AM 8= 28