P13000050718

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Name	e)
(Do	ocument Number)	
(50	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	<u>.</u>
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Amend (10 9/11/13

COVER LETTER

TO: Amendment Sect Division of Corpo					
NAME OF CORPOR	CATION.	PHARMACEUT	TICALS INC		
DOCUMENT NUMI	BER: P1300005	0718			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this mat	tter to the following:			
	NESB'	Y DEKKI			
		Name of Contact Person			
	LANDNES PHAR	RMACEUTICALS	SINC		
		Firm/ Company			
	17555 ATLANTIC	C BLVD STE 120	05		
	011111111111111111111111111111111111111	Address	•		
	SUNNY ISLES B				
		City/ State and Zip Cod	e		
	E-mail address: (to be us	sed for future annual report	notification)		
For further information concerning this matter, please call:					
NESBY DEKKI		at (850	、363-0706		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	□\$43.75 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 Address		Street Address			
Amendment Section Division of Corporations		Amendment Section Division of Corporations			
P.O. Box 6327		Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

LANDNES PHARMACEUTICALS INC

(Name of Corporation as currently filed with the Florida Dept. of State) P13000050718

Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following a its Articles of Incorporation:	amendment
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abb "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must coword "chartered," "professional association," or the abbreviation "P.A."	previation ontain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	٠, ١
(Mailing address MAY BE A POST OFFICE BOX)	$\mathcal{S}_{\mathcal{S}}$
	40
	(A)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	55 52
	ھي
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:, Florida	
(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
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Signature of New Registered 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 <math>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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change	VP		ORLANDO M LIMA	17555 ATLANTIC BLVD STE 1205
Add				SUNNY ISLES BEACH, FL 33160
X Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				<u> </u>
5) Change				
Add				
Remove				
6) Changa				
6) Change				
Add				
Remove				

	(Be specific)		
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	<u> </u>		·
			
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If an amoudment musides for an an	h		-h
If an amendment provides for an ex- provisions for implementing the an	endment if not containe	ed in the amendment itsel	<u>snares,</u> <u>f:</u>
(if not applicable, indicate N/A)			
			<u>.</u>
		· · · · · · · · · · · · · · · · · · ·	
	·		

The date of each amendment(s) a	08/26/2013	, if other than the
date this document was signed. Effective date if applicable:	08/26/2013	
	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ad by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	lopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	lopted by the incorporators without shareholder action and shareholder	
Dated	08/26/2013	
Signature	Halora:	
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	
	NESBY DEKKI	
	(Typed or printed name of person signing)	
	PRESIDENT	

(Title of person signing)