P14000057175

(Re	questor's Name)		
(Ad	dress)		
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(Cit	y/State/Zip/Phone	#)	
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COVER LETTER

TO: Amendment Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPOR	RATION: RC PHARMA, IN	ic .	
DOCUMENT NUMI	BER:P14000057175		
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	JOEL RIVERA FLEITAS,		
		Name of Contact Person	1
	RC PHARMA, INC		
		Firm/ Company	
	2772 SW 137TH AVE		
		Address	
	MIAMI, FL 33175		
	E-mail address: (to be us	City/ State and Zip Codes	
For further information	concerning this matter, pleas	se call:	
JOEL RIVERA FLEI	ΓAS,	at (746	, 342-57)6
Name of Contact Person Area Code & Daytime Telephone		de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment of State:
S35 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 Amendment Section Division of Corporations		Amend	Address ment Section n of Corporations
DIVIS	ion or corporations	Olvisio	n or Corborations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



15 MAY | | AM 10: 54

(Name of Corporation as currently filed with the Florida Dept. of State)			
P14000057175			
(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new name of the corporation:			
N/A	The new		
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/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:

JOEL RIVERA FLEITAS, Name of New Registered Agent

RC PHARMA, INC

2772 5W 137th

MIAMI New Registered Office Address: (City)

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.

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 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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change			
Add			
Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or additional she (Attach additional she AMENDING ARTICLE	eets, if necessary).		<u>here</u> :		
DELETE REGISTEREI	AGENT JESUS M	IGLESIAS, ADDI	RESS 2772 SW 137T	H AVE, MIAMI FL 33	3175
ADD NEW REGISTER	ED AGENT JOEL R	IVERA FLEITAS,	ADDRESS 2772 SW	137TH AVE, MIAM	I FL 33175
	,				
		<u> </u>			
			<u></u>		
F. If an amendment pro	nvides for an exchan	nge reclassification	or cancellation of	icenad shows	
provisions for imple	menting the amend	ment if not contain	ed in the amendme	nt itself:	
	N/A				
		***************************************			******

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	SEC I LIANT THAN THE ALL DIVISION OF CORRESPONDENCES
Effective date if applicable:	15 MAY 11 AM 10: 54
(no more than 90 days after amendment file date)	13 1100
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.	diment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following smust be separately provided 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	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	reholder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	lder
4/29/2015	
Dated Signature	Jal
(By a director, president or other officer if directors or officers have no selected, by an incorporator if in the hands of a receiver, trustee, or oth appointed fiduciary by that fiduciary)	
JOEL RIVERA FLEITAS	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	