P15000054629

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SUPERPHARMA	CORPORATION			
DOCUMENT NUM	BER:				
The enclosed Article.	s of Amendment and fee are su	ibmitted for filing.			
Please return all corre	espondence concerning this ma	atter to the following:			
	ONAHIRA RIVAS DIOSES				
	Palino?	Name of Contact Person	n		
		Firm/ Company			
	Address				
	5401 SOUTH KIRKMAN R	OAD SUITE 3 ORLANDO	O, FLORIDA 32835		
		City/ State and Zip Cod	e		
	onahira@superpharma.us				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, plea	se call:			
ONAHIRA RIVAS		at (407	724 3700		
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check f	or the following amount made	payable to the Florida Dep	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

Amendment Section Division of Corporations P.O. Box 6327 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation of

SII	PERPH	ARMA	CORPOR	ATRON
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(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P15000054629	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(
1. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," 'Inc.," or Co.," or the designation "Corp," 'Inc," or "Co". 'chartered," "professional association," or the abbreviation "P.A.	A professional cornoration name must contain the word
B. Enter new principal office address, if applicable:	5401 SOUTH KIRKMAN ROAD
Principal office address <u>MUST BE A STREET ADDRESS</u>)	ORLANDO FLORIDA 32835
S. Fotomore, with a state of the state of th	200
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	3
	= = =
) If amounding the consistency decrease of the constant of the	· · · · · · · · · · · · · · · · · · ·
. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	ress in Florida, enter the name of the
Name of New Registered Agent	
(Florida str	rect address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Office Address:	
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familiar was registered agent.	<u>:</u> with and accept the obligations of the position.
Signature of New R	egistered Agent, if changing
heck if applicable	

 \Box 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)

Example:

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	$\overline{\mathrm{bL}}$	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	ONAHIRA RIVAS	5401 SOUTH KIRKMAN ROAD
Add			SUITE 310 ORLANDO, FL
Remove			32835
2) Change	D	FERNANDO GONZALEZ	5401 SOUTH KIRKMAN ROAD
Add			SUITE 310 ORLANDO,FL
X Remove			
Add			
Remove			
4) Change			
Adđ			•••
Remove			
5) Change	······································		
Add			
Remove			
6) Change			
Add			
Remove			

F. If amending or adding additional Artic (Attach additional sheets, if necessary).	(Be specific)	 .		
				- -
	· · ·			
				
				
F. If an amendment provides for an exch	ange, reclassification	or cancellation of i	ssued shares,	
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contain	ed in the amendmen	<u>it itself:</u>	
CAPITAL SHARES:				
ONAHIRA TERESA RIVAS DIOSES 100	×0/			
ONAHIKA TERESA KIVAS DIOSES 100				
				

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• • • • The date of each amendment(s) ad	01 OF JUNE 2020 option:	, if other than the
date this document was signed	E WAIE GOOD	
Effective date if applicable:	F JUNE 2020	
	(no more than 90 days after amendment file date	<u>;</u>)
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirement partment of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt action was not required.	oted by the incorporators, or board of directors without sharel	holder action and shareholder
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes east for the artificient for approval.	nendment(s)
	roved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendment	
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
,	(voting group)	
JUNE 01 20	20	
DatedSignature	Robine Perso	
` .	ector, president or other officer - if directors or officers have	
	, by an incorporator – if in the Mands of a receiver, trustee, or ad fiduciary by that fiduciary)	other court
	ONAHIRA RIVAS	
-	(Typed or printed name of person signing)	
ī	PRESIDENT	
-	(Title of person signing)	