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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: PHARMA DOOR	INC	 		
DOCUMENT NUMB	ER: P16000035862				
	of Amendment and fee are sul	bmitted for filing.			
Please return all corres	pondence concerning this mat	ter to the following:			
	AMIR SERRI				
-	 -	Name of Contact Persor	<u> </u>		
	PHARMA DOOR INC				
-		Firm/ Company			
	1247 S POWERLINE ROAD				
•	Address				
	POMPANO BEACH FL 33069				
•		City/ State and Zip Code	2		
взсн	LOSSBERG1040@YAHOO	.СОМ			
	E-mail address: (to be us	ed for future annual report	notification)		
For further information	concerning this matter, pleas		972-1822		
Name o	f Contact Person	at (972-1822 de & Daytime Telephone Number		
	the following amount made p				
■ \$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 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation of

PHARMA DOOR INC	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P16000035862	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Ł C V RAPOSA INC	The new
name must be distinguishable and contain the word "corporate "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:	SAME
(Principal office address MUST BE A STREET ADDRESS)	
	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME
	温
	- 1
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre	
Name of New Registered Agent	구 및
cry t	<u> </u>
įrioriau s	treet address)
New Registered Office Address:	(City) , Florida (Zip Code)
	(Zip Coue)
New Registered Agent's Signature, if changing Registered Ager	
I hereby accept the appointment as registered agent. I am familian	r 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 Doc	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
		Sally Smith	
X Add	<u>SV</u>	Sany 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			

	<mark>ling or adding add</mark> dditional sheets, if n	necessary). (B	e specific)			
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•	· · · · · ·					
fan ame	endment provides	for an exchang	e, reclassification	or cancellation	<u>of issued shares.</u>	.
provisio	ons for implementi	ing the amendm	<u>ent if not contain</u>	<u>ed in the amendi</u>	nent itself:	
	not applicable, indic	cate N/A)				
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 day	es after amendment file date)
Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The numby the shareholders was/were sufficient for approval.	aber of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through must be separately provided for each voting group entitled to vote.	
"The number of votes cast for the amendment(s) was/were suf	ficient for approval
by(voting group)	<u></u> ."
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors with action was not required.	out shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators without s action was not required.	hareholder action and shareholder
Dated 12/28/17 Signature Chui Jen	- -
Signature Unin Jen	
(By a director, president or other officer – selected, by an incorporator – if in the han appointed fiduciary by that fiduciary)	
AMIR SERRI	
(Typed or printed name	of person signing)
PRESIDENT	
(Title of pe	rson signing)