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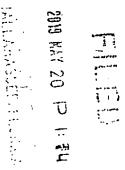
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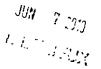
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Brook	sville Pharmaceut	icals Inc.	
DOCUMENT NUMBER: P17000016	853		
The enclosed Articles of Amendment as		ed for filing.	
Please return all correspondence concer	ning this matter to	the following:	
Judy Kamiewicz	, Esq.		·
	N	ame of Contact Pers	son
The Karniewicz	Law Group		
		Firm/ Company	
3834 W Humphi	rey St.		
		Address	
Tampa, FL 3361	4		
•	Ci	ty/ State and Zip Co	ode
julie@tklg.net			
, , ,	ess: (to be used fo	r future annual repo	ort notification)
For further information concerning this	matter, please cal	l:	
Judy Karniewicz, Esq.		at (962-0747
Name of Contact Person	ı	Area	Code & Daytime Telephone Number
Enclosed is a check for the following ar	nount made payab	ole to the Florida De	epartment of State:
■ \$35 Filing Fee □\$43.75 Fi 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 Corporati P.O. Box 6327 Tallahassee, FL 3231		Ame Divi Clift	et Address ndment Section sion of Corporations on Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Brooksville Pharmaceuticals Inc. (Name of Corporation as currently filed with the Florida Dept. of State) 2019 MAY 20 P 1: 54 P17000016853 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Name of New Registered Agent (Florida street address) 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	
<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	MGR	Michael Clurman	16140 Flight Path Dr.
Add			Brooksville, FL 34604
Remove			
2) X Change	D	Ryan P. Menendez	16140 Flight Path Dr.
Add			Brooksville, FL 34604
Remove			
3) X Change	PD	Terrence Myers	16140 Flight Path Dr.
Add			Brooksville, FL 34604
Remove			
4) X Change	D	Ryan Goodkin	16140 Flight Path Dr.
Add			Brooksville, FL 34604
Remove			
5) X Change	D	Louis Sanchez	16140 Flight Path Dr.
Add			Brooksville, FL 34604
Remove			
6) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	<u> </u>
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provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and and an analysis of the share of t
(if not applicable, indicate N/A)	

The date of each amendment(s) ado	ption:	_, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Depart	ck does not meet the applicable statutory filing requirements, this date will rtment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder	
X Dated 5-	16-19	
X Signature	K. P. O.	
selected,	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court if induciary by that fiduciary)	
R	yan P. Menendez	
_	(Typed or printed name of person signing)	
D	pirector	
-	(Title of person signing)	<u> </u>