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Office Use Only



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SECRITARY OF STATE ALLAHASSEE, FLORIDA

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### **COVER LETTER**

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	Citi Pharmaceutica	als Corp.	
DOCUMENT NUM	P17000026630 IBER:		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Barbara Calvo		
		Name of Contact Pers	son
	3298 NW 13th Terrace	Firm/ Company	
	Miami, Florida 33125	Address	
		City/ State and Zip Co	ode
citip	oharmacorp@gmail.com		
	E-mail address: (to be us	sed for future annual repo	ort notification)
For further informati	on concerning this matter, pleas	se call:	
Barbara Calvo		786 at (	271-5408
Name	of Contact Person	Area (	Code & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida De	epartment 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		Ame Divi	et Address ndment Section sion of Corporations on Building

2661 Executive Center Circle Tallahassee, FL 32301

#### **Articles of Amendment**

	Articles of Inco	poration			
Citi (Name of Con	Pharmac	euticals  filed with the Florida Dep	Coc	D	
PINC	XXXX	30	t. or state)		
(	Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this <i>Fi</i>	orida Profit Corporation a	dopts the fo	llowing amendm	ent(s) to
A. If amending name, enter the new name of	the corporation:			The no	
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co	o". A professional corpor			n
B. Enter new principal office address, if app					
(Principal office address <u>MUST BE A STREE</u>	I ADDRESS )				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)					
D. If amending the registered agent and/or r new registered agent and/or the new regis		s in Florida, enter the na	me of the		
Name of New Registered Agent					
	(Florida stree	t address)			
V D	11 10/1000 31/00	· www.cssy			
New Registered Office Address:	(0	ity)	_, Florida	(Zip Code)	
			-	63	•
New Registered Agent's Signature, if changing I hereby accept the appointment as registered a		h and accept the obligation	us of Hue pos		
			1355 1355 1355 1355 1355 1355 1355 1355	-5	
	Signature of New Reg	istered Agent, if changing	FLORI		; ·

## 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 V Mike Jones X Add SV Sally Smith Type of Action Title Name 1 Address (Check One) Ы. C/Francisco de Cossio 12 Jose M Frias Change Portal 3, 5B $\_$ Add Malaga, Spain 29004 \_ Remove Barbara C Calvo 3298 NW 13th Terr. Miami, FL 33125 Add Remove O Susana Avalo Molina C/Fracisco de Cossio 12 3) \_\_\_\_ Change Portal 3, 5B Malaga, Spain 29004 Remove Argelis M Fabian de los Santos Fuente de los Picadores 12 Cordoba, Spain Add \_\_ Remove Daniel Frias Ciruela Avda. Belalcazar 2 \_\_ Change Cordoba, Spain Add \_ Remove Natalia Frias Ciruela Fuente de los Picadores 12 \_ Change Cordoba, Spain Add Remove

## 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	<u>Addres</u> s		
1) Change	О	Jose M Frias Ciruela	Avda. Belalcazar 2		
X Add			Cordoba, Spain		
Remove					
2) Change	0	Oscar Carrasco Sabido	C/Antonio Machado 42		
X Add			Madrid, Spain		
Remove					
3 ) Change		<del></del>			
Add					
Remove					
4) Change					
Add			<del></del>		
Remove					
5) Change					
Add					
Remove			<del></del>		
6) Change					
Add	- <del>-</del>				
Remove					

(Attach addition	If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)					
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provisions fo	nent provides for an or implementing the applicable, indicate N/A	<u>amendment if not</u>	fication, or cance contained in the	llation of issued sh amendment itself:	ares,	
				· · · · · · · · · · · · · · · · · · ·		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date wi document's effective date on the Department of State's records.	ll not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must 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"	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
(By a'director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	<del></del>
Barbara C Calvo	
(Typed or printed name of person signing)	
Secretary	
(Title of person signing)	···