P17000021e1e30

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, , , , ,
PICK-UP WAIT MAIL
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2024 JULIT AT 7:25

S. PRATHER

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, Fl. 32314

NAME OF CORPO	DRATION: Cit Pharmaceutica	Is Corp	
	1BER: P17000026630		
	es of Amendment and fee are su	abmitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
	Barbara Calvo		
		Name of Contact Perso	n
		Firm/ Company	
	616 Huntington St		
		Address	<u> </u>
	Brandon, FL 33511		
		City/ State and Zip Cod	e
	barbcealvo@gmait.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, plea	se call:	
Barbara Calvo		at (<u>786</u>	271-5408) de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	uiling Address		Address
	nendment Section vision of Corporations	Amendment Section	
	D. Box 6327		on of Corporations entry of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to

	Articles of Amendmen		- 1	~ 3
	to		}-:	0.2
	Articles of Incorporation	on	; + - 	₹ .
	of		-	100
Citi Pharmaceuticals Corp				
(Name of Corpor	ration as currently filed wi	th the Florida Dept. of State)	(f)	·- -
P17000026630	Million and Control of the Million o	the Fibrida Dept. (1 State)	•	<u> </u>
P1700020050				 1
(Doc	cument Number of Corporat	tion (if known)	- ; ;	اري <u>::</u>
Pursuant to the provisions of section 607.1006, Flor	rida Statutos, this <i>Florida P</i>	trafit Carnaration adopts the fall	i.	٦٠
ts Articles of Incorporation:	inda Statutes, this I thriften I	right Corporation adopts the for	owing ame	numenus)
·				
A. If amending name, enter the new name of the	e corporation:			
			The	new
name must be distinguishable and contain the word	"corporation, "company,	or "incorporated" or the abbre	viation "Ce	orp., "
Inc.," or Co.," or the designation "Corp." "In	ic," or "Co". A professi	onal corporation name must co	ontain the	word
"chartered," "professional association." or the ab	breviation "P.A."			
R Enter new principal office address if and its	61			
3. Enter new principal office address, if applica Principal office address MUST BE A STREET A	DIC:			
rincipal office address SIOST BE A STREET A	<u>DDRESS</u>)			
				
	 -			
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE I	BOX)			
				
			_	
 If amending the registered agent and/or regis 	stered office address in Flo	orida, enter the name of the		
new registered agent and/or the new registere	ed office address:			
N 611 6 1				
Name of New Registered Agent				
_	(Florida street address			
	rrioriaa sireet aaaress	/		
New Registered Office Address:		Florida		
- sarrigarer en ogree ritter en.	(City)	: lottda	(Zin Codes	
	*******	,	mp code)	
	(Сіқу)		(Zip Code)	
New Registered Agent's Signature, if changing R	legistered Agent:			
hereby accept the appointment as registered agent	t. I am familiar with and ac	ecept the obligations of the posit.	ion.	
	•			
-	<u></u>			
Sig	gnature of New Registered A	Agent, if changing		

Check if applicable

[☐] 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)

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>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>O</u>	MOLINA, SUSANA AVALO	
Add X Remove			
2) Change	<u>O</u>	FABIAN DE LOS SANTOS, ARGEI	
Add Remove 3) Change	0	CIRUELA, DANIEL FRIAS	
Add Remove 4) Change Add	<u>()</u>	SABIDO. OSCAR CARRASCO	
X Remove 5) Change Add	()	CIRUELA. NATALIA FRIAS	
X Remove 6) Change Add X	0	FRIAS CIRUELA, JOSE M	
A 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)

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.

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X Change	PT	<u>John Doe</u>	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
TX Change	()	AVALO, ALEJANDRO FRIAS	
Add Remove 2) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove 3) Change			
Add			
Remove 4) Change			
Add Remove			
5) Change			
Add Remove			
6) Change			
Add			
Remove			



Page number 4 continued

Attach additional sheets, if necessary).	(Be specific)			
				
-	-		-	
				
			···········	
_	·		<u> </u>	
f an amendment provides for an exch	ange, reclassification, or	cancellation of issu	ed shares,	
provisions for implementing the amer (if not applicable, indicate N/A)	iament ii not containea	in the amendment i	<u>iseii:</u>	
		_		
				
	_			

The date of each amendment(s) addate this document was signed.	foption:	, if other than
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date partment of State's records.	e will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder action	n and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.)
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	202
"The number of votes cast	for the amendment(s) was/were sufficient for approval	2024 JUL 11 - AM 7: 2 ALL'STASSELLET GET
by		<u> </u>
	(voting group)	
	11/12/21	1000
Dated	1/5/2029	N
Signature	1/5/2024 Whara Calw	
(By a di selected	rector, president or other officer – if directors or officers have not been I, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	Barbara Calvo	
<u>.</u>		
	(Typed or printed name of person signing)	

(Title of person signing)