P170000 29084

Office Use Only



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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassec, FL 32314

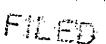
Division of Corporations NAME OF CORPORATION: 44 Phaymacycoline, INC DOCUMENT NUMBER: <u>P17000029084</u> The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sam Abyaham Name of Contact Person 40 Phazmanycoline 217 Airport Pulling RdS Naples, F.C. 34104 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (<u>7/3</u>) <u>333</u> 9497-Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation



of		
411 Pharmay(a)	inc	The Levy to
(Name of Corporation as currently	r filed with the Florida Dept. of Staff	JUN 13 D 12 -
P1700000968	34 8.29	200 F 1 12+ 3
(Document Number of	Corporation (if known) TALLA	HASSEE IL GRO
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation.	Florida Profit Corporation adopts the f	ollowing amendment(s
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation" "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc.," or "(word "chartered," "professional association," or the abbreviation "i	Co". A professional corporation name	
B. Enter new principal office address, if applicable:	217 AixDOR Pull	ins Rd S
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	217 Aixport Pulli Naples, FL 34	2011
	7,011,12	11.9
		
C. Enter new mailing address, if applicable:	Det Alexand Della	in Pd c
(Mailing address <u>MAY BE A POST OFFICE BOX)</u>	217 Airport Pulli Naples, FL 341	1
	Naples, FL 341	104
	<u> </u>	_
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:		
Name of New Registered Agent		
217 A17 (Florida str	port Pulling Rd S beraddress)	
New Registered Office Address: \(\sigma\forall ff\)	, Florida,	34104
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent. I am familiar w	with and accept the obligations of the po	sition.
Signature of New R	egistered 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:	е, ина ма	ay sman, 5+ as an rade.	
X Change	\underline{PT}	<u>John Doe</u>	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
(i) (i) (ii) (ii)			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	cles, enter change(s) here (Be specific)	
		· · ·
f an amendment provides for an exch	ange, reclassification, or cancellation of issued	d shares,
(if not applicable, indicate N/A)	idment if not contained in the amendment itso	<u>elf:</u>
,		
		

The date of each amendment(s) adoption:
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ 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.
DatedCGC7/17 SignatureSmy
(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)
(Typed or printed name of person signing)
(Title of person signing)
(Title of person signing)

the

the