## P17000051658

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
. (Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
<u> </u>				

Office Use Only



100414485481

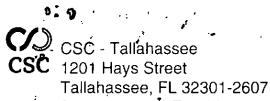
anend

2023 SEP | 2 AH | 11: 22

RECEIVED

1023 SEP 12 M 9: 52

A. RAMSEY SEP 1 3 2023



850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 09/12/23 Order #: 1263769-1 Re: NMB Pharmacy, Inc. Processing Method: Routine

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$35.00 - FL State Account Number: I2000000195

AUTH:

Please take the following action: File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

Articles of Amendment to Articles of Incorporation of



NMB PHARMACY, INC 2023 SEP 1-2 AM 9: 52 (Name of Corporation as currently filed with the Florida Dept. of State) P17000051658 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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: \_, Florida \_\_\_ (Cirv) (Zip Code) 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 X Remove X Add	PT         John Do           V         Mike Jo           SV         Sally Sr	one <u>s</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	CEO	Siddharth Viswanathan	3121 Diablo Ave Hayward, CA 94545
X Remove			3121 Diablo Ave
2) Change Add	<u>PST</u>	Siddharth Viswanathan	Hayward, CA 94545
X Remove 3 ) Change Add X Remove	<u>D</u>	Siddharth Viswanathan	3121 Diablo Ave Hayward, CA 94545X
4) Change Add	<u>CEO</u>	Paul Greenall	3121 Diablo Ave Hayward, CA 94545
Remove			·
5) Change Add	DPT	Paul Greenall	3121 Diablo Ave Hayward, CA 94545
Remove			3121 Diablo Ave
6) Change Add	<u>S</u>	Joseph Cipriani	Hayward, CA 94545
Remove			
F If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
N/A			

N/A			
		_	
		<del></del>	
<del></del>			
		_	
	<u> </u>		
<del></del>	<del> </del>		
			<del></del>
The date of each amendment(s) adoptions this document was signed	on: N/A	<del></del>	, if other than th
the date of each amendment(s) adopti late this document was signed			
N/A			
iate this document was signed.	(no more than 90 days a	ifter amendment file date)	
N/A	oes not meet the applicabl		s, this date will not be listed as the

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated

| Docusigned by: | D

(Title of person signing)

DocuSigл Envelope ID: 514D0D4B-BF8F-46B7-9CD8-CBD7DC01CD38