P0000 6244

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FEB 1 5 2019 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: CMC PHARMA	SOLUTIONS CORP.	
DOCUMENT NUMI	D100000047.14		
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corres	spondence concerning this ma	utter to the following:	
	ANGEL A. SUAREZ		
		Name of Contact Perso	n
		Firm/ Company	
	9280 SW 21 STEET	, .	
	MIAMI, FL 33165	Address	
		City/ State and Zip Cod	e
two8(080@AOL.COM		
•	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
ANGEL A. SUAREZ		786 at (269-7867
Name o	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Ame Divis P.O.	ing Address indment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

CMC PHARMA SOLUTIONS CORP.

(Name of Corporation as cu	urrently filed with the Florida Dept. of State)
P000006244.	
(Document Nur	mber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporati	ion:
	The new poration," "company," or "incorporated" or the abbreviation "or "Co". A professional corporation name must contain the ation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	TO FEB 11 PH 6:
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office ad	
Name of New Registered Agent	
	rida street address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered All Pereby accept the appointment as registered agent. I am fan	
Signature of i	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	\underline{PT}	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			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Changa			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

	ling or adding additional Articles, enter change(s) here: dditional sheets, if necessary). (Be specific)
ANGEL A.	SUAREZ IS DESIGNATED AS MANAGER OF THE CORPORATION FOR THE SOLE PURPOSE OF
OPENING /	A BANK ACCOUNT AT BANK OF AMERICA IN MIAMI, FLORIDA
	
16	
provisio	endment provides for an exchange, reclassification, or cancellation of issued shares, one for implementing the amendment if not contained in the amendment itself:
(if n	ot applicable, indicate N/A)

FEBRUARY 6, 2019	, if other than the
The date of each amendment(s) adoption: date this document was signed.	, ii other than the
FEBRUARY 6, 2019	
Effective date if applicable: (no more than 90 days after amendment file date)	
THE MOVE THAN 70 days after americanent fre dates	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dat document's effective date on the Department of State's records.	te will not be listed as the
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 stateme must be separately provided for each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholde action was not required.	г
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
FEBRUARY 6, 2019	
Dated	
Bhail Milled	
Signature (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)	
ANGEL A. SUAREZ	
(Typed or printed name of person signing)	
INCORPORATOR	
(Title of person signing)	