P190000 53140

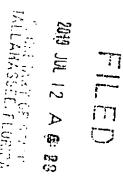
(Requestor's Name)			
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(Business Entity Name)			
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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: _ P19000053140 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jose R Grana Name of Contact Person Accountax Corp Firm/ Company 9110 Fontainebleau Blvd No 406 Address Miami, FL 33172 City/ State and Zip Code TaxExpertBlvd@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jose R Grana Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee ■ \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

PHOOPHARMA CORP

(Name of Corporati	on as currently filed with the Florida Deptinof State)
P19000053140	·-
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	nent Number of Corporation (if known) IntLattaSSCE. I Litta A a Statutes, this Florida Profit Corporation adopts the following amendment(s) t
ns Addeds of theorporation.	
A. If amending name, enter the new name of the co PHOTOPHARMA CORP	orporation: The new
	d "corporation," "company," or "incorporated" or the abbreviation ," "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADI	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>
D. If amending the registered agent and/or register new registered agent and/or the new registered	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
The Registered vijnee mag ess.	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the obligations of the position.
Sign	oure 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	<u>PT</u>	John Do	<u>oe</u>		
X Remove	<u>V</u>	Mike Jones			
X Add	<u>SV</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>	•	Name	Address	
1) Change		_			
Add					
Remove					
2) Change		_			
Add					
Remove					
3) Change		_			
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add		_			
Remove				-	
Kemove				12 - 1	
6) Change		_			
Add					
Remove					

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	
	
	<u> </u>
-	
f an amendment provides for an excha	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amen	nange, reclassification, or cancellation of issued shares, and and it is a share of the angle of
f an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and and in the amendment itself:
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provisions for implementing the amen	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:

The date of each amendment(s) at date this document was signed.	option:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
■ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	or the amendment(s) was/were sufficient for approval
by	(voting group)
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder
JULY 87 Dated Signature	rector, president or other officer if directors or officers have not been
selecte	l, by an incorporator – item the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	JUAN J LOPEZ
	(Typed or printed name of person signing)
	PRESIDENT
	(l'itle of person signing)