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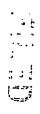
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COVER LETTER

TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: GALEN INVESTMENTS INTERNATIONAL INC DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company 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>863</u>) 409 - 6422 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$52.50 Filing Fee Certificate of Status □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & S35 Filling Fee Certified Copy Certificate of Status Certified Copy / (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment to

Articles of Incorporation

 •

GALEN INVESTMEN	15 INTERNAT	11 ONHL INC.
(Name of Corporation as currently		State)
P190001	066018	
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>E</i> is Articles of Incorporation:	Horida Profit Corporation adopt	s the following amendment(s)
A. If amending name, enter the new name of the corporation:		
GALEN OVERSEAS I	IN C.	√The new
name must be distinguishable and contain the word "corporation" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "projessional association," or the abbreviation "I	Zo". A professional corporation	ed" or the abbreviation a name must contain the
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		150
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>) D. If amending the registered agent and/or registered office addr	ess in Florida, enter the name (CT 17 AH 8: 4
new registered agent and/or the new registered office address:		<u>ir vac</u>
Name of New Registered Agent		
(Florida stre	eet addressi	
New Registered Office Address:	(City)	lorida(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent.—I am familiar w	i with and accept the obligations of	f the position.
	traintered Arent if changing	<u>, </u>

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	PT John Doc	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	Title Name	<u>Addres</u> s
1) Change Add Remove	D GALEN PHARMACEUT	TICALS 334/5 CLIDC ESTATE WAGHODIA DIST-VADODARA GUTARAT, INDUA - 391760
2) Change Add	PATEL	UMAR 251 SOUTHERN OAKS LANE, LAKE YAWD FLORIDA - 33813, USA
Remove 3) Change Add Remove	S/T BIPIN PATEL	2151 SOUTHERN OHKS LANE, LAKELAND FORDA-33813, USA
4) Change Add Remove		
5) Change Add Remove		
6) Change Add		
remove		

tach additional sheets, if necessary).	. (Be specific)
	
<u> </u>	
n amendment provides for an ex	change, reclassification, or cancellation of issued shares,
ovisions for implementing the an (if not applicable, indicate N/A)	nendment if not contained in the amendment itself:
- 51% SUAK	RES TO BE ALLICATED TO
	ARMACESTICALS LINITED
GARLEN IN	C- l- A- A
- 49 x Shr	YCFS TO DE PTICOCATION TO
HARSH P	RES TO BE ATLOCATED TO RAVINKUMAR PATEL
ABOUE AMENDA	MEN & AUTHORIZED KY
Roten REColl	TION OF GALEN PHARMALEUTICALS LI
	- And

The date of each amendment(s) ad-	option:	, if other than the
late this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file a	aicj
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirent partment of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the fficient for approval.	amendment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The followach voting group entitled to vote separately on the amend	owing statement lment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
bv	(voting group)	
,	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action a	nd shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and s	hareholder
X Dated	TOBER 17, 2019	
Signature		
≭ − (Bva d	firector, president or other officer - if directors or officers I	nave not been
	 d, by an incorporator – if in the hands of a receiver, trustee ted fiduciary by that fiduciary) 	. of other court
	ρ	TE!
•	(Typed or printed name of person signing)	1.7
	PRE SIDENT	
	(Title of person signing)	