Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000451028 3)))



H210004510283ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

3052201440

: (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973

Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Address:			
	Address:	Address:	Address:

## COR AMND/RESTATE/CORRECT OR O/D RESIGN RX PHARMACIA CORP

Certificate of Status	0	
Certified Copy	0	
Page Count	05	
Estimated Charge	\$35.00	

DEC 1 3 2021

S. PRATHER

02/05

**Articles of Amendment** Articles of Incorporation 14x Pharmacia corf P2000027495 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Neuro Vitaninas inc name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." EMILIO ALGUDO B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 11398 W. Flagler St. Sulte C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 11398 W. Flagler st. Svite 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

11398 W. Flagter St. Suite 205
(Florida street address)

Mighi Florida 33174 New Registered Office Address:

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

Check if applicable

<sup>☐</sup> The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

Remove

## 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 Doc	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	P	Emilio Agudo	5) the #205 11398 W Flaster 5+
Add			MIAM, FL. 331)8
Remove			<u> </u>
2) Change		_	
Add			
Remove 3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
5)Change		<u> </u>	
Add			

If amending or adding additional Articles, enter change(s) here:  Attach additional sheets, if necessary). (Be specific)	
	<del>_</del>
	<del></del>
	<del></del>
	— <del></del> -
	_
an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
o ovisions for implementing the amendment if not contained in the amendment itself.	
(if not applicable, indicate N/A)	
	<u> </u>
	<u> </u>

The date of each amendment(s) adoption:			
	, if	other	than the
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 adocument's effective date on the Department of State's records.	will not b	e liste	d as the
Adoption of Amendment(s) (CRECK ONE)			
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action a action was not required.	nd sharel	ıolder	
☐ 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):	TALL	202	
"The number of votes cast for the amendment(s) was/were sufficient for approval	AHASSI	1 DEC	*****
by	SS	70	. <del></del>
	Y OF STATEE, FLORI	0 AM 9:	ir. O
Signature Eurilio Heredo	ATE RIDA	9: 19	
(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)	<del></del> -		
(Typed or printed name of person signing)			
- President			
(Title of person signing)			