# P210000 H526H

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### **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: MD Pharmaceuticals Inc DOCUMENT NUMBER: P21000045264
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tatyana paulay  Name of Contact Person  MD Pharma Ceuticals Inc  Firm! Company  31615, Ocean Drive #1501  Address  Halland de Beach FL, 33009  City! State and Zip Code  tanya @ Comphs. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tatyana paulay at (301) 943-9202  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Set 12843.75 Filing Fee & Certificate of Status (Additional copy is enclosed)  \$35 Filing Fee & Certificate of Status  Certificate of Status  (Additional Copy is enclosed)  \$35 Filing Fee & S52.50 Filing Fee & Certificate of Status  (Additional Copy is enclosed)

TO: Amendment Section

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to

	ncorporation	Man & Barrier
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	enticals In	Records A
· · · · · · · · · · · · · · · · · · ·	tly filed with the Florida Dept. of St	nte) William 1922
PZ10000 4	5264	ون پرکیج
(Document Number	of Corporation (if known)	17/16
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts th	e following amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name m	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	3/6/ Sout	
(Frincipal office address MOST BEASTREET ADDRESS)	Suite 150	<u>/</u>
	Hallandale B	each Fl,
C. Enter new mailing address, if applicable:		33009
(Mailing address MAY BE A POST OFFICE BOX)		
	3/8/ S. O(ca	
	HallandaleBea	Ch FL, 3300
D. If amending the registered agent and/or registered office ad-	dress in Florida, enter the name of the	he
new registered agent and/or the new registered office address		_
Name of New Registered Agent		
(Florida s	treet address)	
New Registered Office Address:	, Floric	1:1
net negmer en symet mineral	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Ager I hereby accept the appointment as registered agent. I am familian	<u>it:</u> r with and accept the obligations of the	nosition
, never, never, me spy annuel an eight en agent. I am jamma	The state of the s	7000000
Vice production of the control of th		
Signature of New	Registered Agent, if changing	

Check if applicable
The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Na</u>	me O C	Address A
1) Change			NH -	
Add				
Remove				
2) Change	<del></del>			
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change	<u> </u>			
Add				<u> </u>
Remove				
6) Change				
Add				
Remove				

Attach additional s	ding additional Articles, enter change(s) here: heets, if necessary). (Be specific)
•	
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<del>-</del> .	
•	
lf an amendment	provides for an exchange, reclassification, or cancellation of issued shares,
provisions for im	plementing the amendment if not contained in the amendment itself:
(if not applica	ble, indicate N/A)
	2 ( 1)
	n/H
· · · · · · · · · · · · · · · · · · ·	
	dnor , <u></u>

	if other than the
Effective date if applicable: 3/1/2022	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shar action was not required.	eholder
☐ 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):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by Prosident Tetyana Paulay." (voting group)	
Dated	
(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)	
Tatyana Paylay (Typed or printed name of person signing)	<del></del>
(Title of person signing)	