Division of Corporations Electronic Filing Cover Sheet

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(((H240002161903)))



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Division of Corporations

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

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COR AMND/RESTATE/CORRECT OR O/D RESIGN VITAL PHARM RX INC.

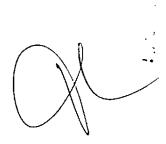
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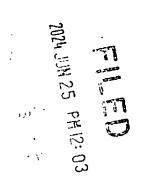
June 24, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

VITAL PHARM RX INC. 19581 N.W. 57TH AVE MIAMI, FL 33055

SUBJECT: VITAL PHARM RX INC.

REF: P21000050101



Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett Regulatory Specialist II FAX Aud. #: H24000216190 Letter Number: 524A00013709

* Company/Entity shows active already

Please file attached amendment

Ta:

Articles of Amendment to Articles of Incorporation of

VITAL PHARM RX INC.					
(Name of C	orporation as currently	filed with the Florida Dept. of Stat	<u>e</u>)		_
P21000050101					
	(Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6, Florida Statutes, this I	Florida Profit Corporation adopts the	following amer	ndment(s)	l to
A. If amending name, enter the new name	of the corporation;		_	2024 選	
name must be distinguishable and contain the	word "corporation " "c	ammany " or "incorporated" or the ob	The	rie <u>ve</u>	•
"Inc.," or Ca.," or the designation "Corp" chartered, ""professional association," or	o," "Inc." or "Co". A				
D. Enter and principal effect address 15			آدر)	73	
B. Enter new principal office address, if a (Principal office address MUST BE A STRI	EET ADDRESS)			PH 12: 03	
	,		•	- '.:' - o	
				ັນ	
			·····	_	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OF)	i <u>le:</u> FICE ROS)				
in the second se	1021.010		····		
				<u> </u>	
D. If amounting the project and a surface of					
D. If amending the registered agent and/or new registered agent and/or the new re		ess in Piorida, enter the name of the			
· · ·					
Name of New Registered Agent					
·					
	(Florida stre	et address)			
New Registered Office Address:		, Florida		_	
	(Cityj	(Zip Coxle)		
Name Descriptional Agent's Signature if show	ring Degistered Agents				
New Registered Agent's Signature, if chang I hereby accept the appointment as registered		ith and accept the obligations of the p	osition.		
	<u> </u>				
	Signature of New Re	gistered Agent, if changing			
Check if applicable					
☐ The amendment(s) is/are being filed pursu	ant to s. 607.0120 (11) (e	e), F.S.			

To:

13053284774

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= Trusiee; 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	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	27
Type of Action (Check One)	<u>Title</u>	Name	Address 19581 N.W. 57TH AVE
1) Change	T, D	LEONARDO ESPINAL	19581 N.W. 57TH AVE 2
Add			MIAMI, FL 33055
X Remove			
2) Change			· · · · · · · · ·
Add			
Remove 3) Change			
Add			
Remove			
4) Change	••		
Add			
Remove			
5) Change	-		
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)	
	
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	•
an amendment provides for an exchange, reclassification, or cancellation of issued	shares
provisions for implementing the amendment if not contained in the amendment itself	f:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption: JUNE 17, 2024	_, if other than the
date this document was signed.	_
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 will document's effective date on the Department of State's records.	not 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 a action was not required.	chareholder
☐ 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.	2024
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):	2024 JUN 25
"The number of votes cast for the amendment(s) was/were sufficient for approval	5 PH 12: 03
by	
(voling group)	7 0
JUNE 17, 2024 Dated	· ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Signature	
(By a director, president of 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 fiductary by that fiductary)	
JEANETTE M'BÀLEŽ	
(Typed or printed name of person signing)	
P My wetter &	
(Title of person saturities)	