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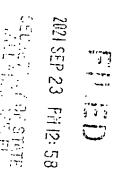
(Requestor's Name)
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A. Butter

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: FARMACIA NUEV	VA ALTAMIRA CORP			
	R: P21000055778				
	Amendment and fee are sub				
Please return all correspo	ondence concerning this mat	ter to the following:			
Α	LFREDO G MORALES V	ARGAS			
		Name of Contact Person	1		
F	FARMACIA NUEVA ALTAMIRA CORP				
		Firm/ Company			
1.	2178 SAINT ANDREWS PI				
		Address			
M	IRAMAR, FL 33025				
-	TRAMPAR, 11, 5,502,5	City/ State and Zip Code	:		
JI	COPASERVICES@GMAI	L.COM			
	E-mail address: (to be us	ed for future annual report	notification)		
		•			
For further information c	concerning this matter, pleas	e call:			
ALFREDO G MORALES VARGAS  Name of Contact Person		305 ar (	5138722		
Name of	Contact Person	Area Coo	de & Daytime Telephone Number		
Enclosed is a check for t	he following amount made p	nayable to the Florida Depa	irtment of State:		
■ \$35 Filing Fee	1 1843.75 Filing Fee & Certificate of Status	[ ] IS43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status		
Ameno Divisio P.O. B	ng Address Iment Section on of Corporations ox 6327 assee, FL 32314	Amend Divisio The Ce 2415 N	Address ment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303		

## Articles of Amendment

to

## Articles of Incorporation

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FARMACIA NUEVA ALTAMIRA CORP (Name of Corporation as currently filed with the Florida Defile of State of 12: 59 P21000055778 (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: 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." B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address) New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: t 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

The amendment(s) is/are being filed pury ant 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: <u>X</u> Change	<u>P.L.</u>	<u>John Doe</u>	
X Remove	V	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)Change	VP	CLAUDIA V MORALES	12178 SAINT ANDREWS PL.
XAdd			UNIT HII
Remove			MIRAMAR, FL 33025
2) Change			<del></del>
Add			
Remove 3) Change		- · · · · · · · · · · · · · · · · · · ·	
Add			/
Remove			
4) Change			
Add			
Remove			
51 Change		-	
Add			
Remove		,	
6) Change	_/	<del>.</del>	. /
Add	!		
Remove			

If amending or adding additional Articles, enter change (Attach additional sheets, if necessary). (Be specific)	<u> </u>
· · · · · · · · · · · · · · · · · · ·	
· <del></del>	·/ - ··
/	
/	
If an amendment provides for an exchange, reclassificat	tion, or cancellation of issued shares,
provisions for implementing the amendment if not cont	tained in the amendment itself:
(if not applicable, indicate N/A)	
	/
	/
<del></del>	

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• •	09/16/2021	
The date of each amendment(s):	idoption:	, if other than the
date this document was signed.		
09/ Effective date <u>if applicable</u> :	16/2021	
Enective date it application.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date with the partment of State's records.	ill not be fisted as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac action was not required.	lopted by the incorporators, or board of directors without shareholder action ar	id shareholder
The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by		
0,	(voting group)	
	different president or other officer— if directors or officers have not been by an incorporator—if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	ALFREDO G MORALES VARGAS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	