## P22000053310

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: VIPHARMA, INC.			
	ABER: P22000053310		<u> </u>	
The enclosed Article	es of Amendment and fee are su	bmitted for filing.		
Please return all cor	respondence concerning this mal	tter to the following:		
	JOHN PRELL			
		Name of Contact Person	· · · · · · · · · · · · · · · · · · ·	
	VIKAND MEDICAL SOLU	TIONS, LLC		
		Firm/ Company		
	4101 RAVENSWOOD RD.,	SUITE 402-403		
		Address	<del></del>	
	DANIA BEACH, FL 33312			
		City/ State and Zip Code	<del></del>	
	JOHN.PRELL@VIKAND.C	OM		
		ed for future annual report	notification)	
For further informat JOHN PRELL	ion concerning this matter, pleas		, 545-5123	
Nam	e of Contact Person	Area Co	) 545-5123 de & Daytime Telephone Number	
Enclosed is a check	for the following amount made p			
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address		Street.	Address	
	mendment Section	Amendment Section		
	ivision of Corporations O. Box 6327	Division of Corporations The Centre of Tallahassee		
	illahassee, FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

FILED

of	
VIPHARMA, INC.	2024 184 10 - 84
(Name of Corporation as current	
222000053310	S.T.),
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this is Articles of Incorporation:	Florida Profit Corporation adopts the following amendme
s wheres of meorporation.	
. If amending name, enter the new name of the corporation:	
N/A	The nev
ame 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	
chartered," "professional association," or the abbreviation "P.A."	
Enter new principal office address, if applicable:	N/A
Principal office address <u>MUST BE A STREET ADDRESS</u> )	
Enter new mailing address, if applicable:	N//
(Mailing address MAY BE A POST OFFICE BOX)	N/A
. If amending the registered agent and/or registered office add	ress in Florida, enter the name of the
new registered agent and/or the new registered office address	
Name of New Registered Agent N/A	
reame by the wegistered agent	
	ree( uddress)
N/A	vei adaress) N/A
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent. I am familiar v	
	, , , , , ,
Signature of New R	egistered 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:

$\underline{X}$ Change	<u>PT</u>	John Do	<u>e</u>		
$\underline{X}$ Remove	<u>V</u>	Mike Jor	<u>ies</u>		
X Add	<u>SV</u>	Sally Sm	<u>iith</u>		
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s
1) Change	COO	_	Tim Krulatz	_	408 NE 6th Street, #409
X Add					Fort Lauderdale, FL 33304
Remove					· ·· ·
2) Change		_		_	
Add					
Remove 3) Change		<del></del>		<u> </u>	
Add					
Remove					
4) Change		_		_	
Add					
Remove					
5) Change		_	·	_	
Add					
Remove					
6) Change		_		_	
Add					
Remove					

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	r adding additional Ar nul sheets, if necessary)	•			
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If an amendm	ent provides for an exc	change, reclassific	ation, or cancellatio	on of issued shares,	
provisions fo	r implementing the an	<u>iendment if not co</u>	ntained in the ame	<u>ndment itself:</u>	
	olicable, indicate N/A)				
A					
	<u> </u>				
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	N/A	
		, if other than the
date this document was signed.	January 9, 2024	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date will not be Department of State's records.	t be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors without shareholder action and shareholder action acti	areholder
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
The amendment(s) was/wer must be separately provide	re approved by the shareholders through voting groups. The following statement d 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		
	(voting group)	
Dated Januar	y 9, 2024	
	<del></del>	
Signature _	S. Pehr Ault	
(B se	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)	
	S. PETER HULT	
	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	<del></del>

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