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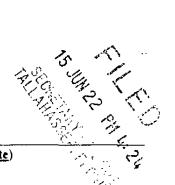
TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	ATION: Citi Pharmaceuti	cals, Inc.		_		
DOCUMENT NUMB	P96000038384			_		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.				
Please return all corres	pondence concerning this ma	atter to the following:				
	Barbara C. Calvo					
		Name of Contact F	Person			
	Citi Pharmaceuticals, Inc.					
·		Firm/ Compan	ıy			
	3298 NW 13 Terrace		-			
		Address				
	Miami, Florida 33125					
•		City/ State and Zip	Code			
	micotango2@att.net					
	E-mail address: (to be u	sed for future annual re	eport notification)			
	a concerning this matter, plea			BEE AND	55	Paul de ma []
Barbara C. Calvo		at ()		~\\\ \\\\	,
Name of Contact Person		Are	ea Code & Daytime Telephone N	umber	77)	
Enclosed is a check for	the following amount made	payable to the Florida	Department of State:		72.	farmal.
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certificate of Status		42	
Ame Divi	ling Address ndment Section sion of Corporations Box 6327	Ā D	treet Address mendment Section ivision of Corporations lifton Building			

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment **Articles of Incorporation** of



Citi Pharmaceuticals, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P960000383894

ent(s) to

 If amending name, enter the new na N/A 	ime of the corporation:	
ame must be distinguishable and com Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa	ation "Corp," "Inc," of	The intion," "company," or "incorporated" or the abbrevial or "Co". A professional corporation name must contain on "P.A."
Enter new principal office address, Principal office address <u>MUST BE A S</u>		N/A
Enter new mailing address, if appli (Mailing address MAY BE A POST (N/A
new registered agent and/or the new	d/or registered office adv v registered office addr N/A	ddress in Florida, enter the name of the ess:
If amending the registered agent an new registered agent and/or the new Name of New Registered Agent	v registered office addr	ddress in Florida, enter the name of the ess:
new registered agent and/or the new	v registered office addr N/A	ddress in Florida, enter the name of the ess: street address)
new registered agent and/or the new	v registered office addr N/A	ess:

Signature of New Registered Agent, if changing

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)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	TS	Barbara C. Calvo	3298 NW 13 Terrace
X Add			Miami, Florida 33125
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	itional sheets, if ne	$(L_{2}, L_{2}, L_{3}, L_{4}, L_{5}, L_{5},$	e specific)			
I/A						
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f an amend	lment provides fo	r an exchang	e, reclassificatio	n, or cancellatio	n of issued share	<u>s,</u>
<u>provisions</u>	for implementing	g the amendm	ent if not conta	ined in the amen	<u>dment itself:</u>	_
	applicable, indica	te N/A)				
Α						
					···	<u> </u>
						
						- -

The date of each amendment(s) date this document was signed.	sdeption:	, if other than the
. 1	N/A **·	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(sufficient for approval.	s)
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	e n í
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
action was not required. The amendment(s) was/were a	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	er -
action was not required.		
June Dated	12, 2015	
Signature	a director, president or other officer – if directors or officers have not been	
selec	cted, by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary)	
	Jose Manuel Frias	
	(Typed or printed name of person signing)	
	President/Director	<u> </u>
	(Title of person signing)	JUN 22 PH
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