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**EXAMINER** 

## **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: RX SOLU TIONS INC.
DOCUMENT NUMBER: <u>08000108265</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Vadim (Jim) PINHASOV Name of Contact Person
RX SOLUTIONS INC.
SIOLE BUSCH BLVD UNIT #4
TAMPA, FL 33617 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  The Ruhasov at (917) 414-9843  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 \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$52.50 Fili
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## **Articles of Amendment**

to

## Articles of Incorporation

of

<u> </u>	265				
(Document Numb	per of Corporation	on (if known)		_	
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	, Florida Statute	es, this <i>Florida Pr</i>	ofit Corpora	tion adopts	the following
A. If amending name, enter the new name of	the corporation	<u>ı:</u>			
QUALITY SPECIALTY	PHAR	mACY 3	INC.	T	he new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the contain the word "chartered." "professions"	ie word "corpe designation "Co	oration," "compar orp," "Inc," or "C	ny," or "inc o". A profe:	orporated" ssional corp	or the
B. Enter new principal office address, if appli	cable:			AL C	
(Principal office address MUST BE A STREET		- <u></u>		≥≋ ;	<b>S</b>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC.)  D. If amending the registered agent and/or re		address in Florida	n, enter the n	ASSEE, FLORIDA ame of the	
new registered agent and/or the new regist			<u></u>	mile of the	
Name of New Registered Agent:		_/_	<del></del>		
New Registered Office Address:	(Florja	ta street address)	<del></del>		
				ı	
<del></del>	(City)		, Floric (Zip Code)	1a	_
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag	Registered Agent. I am famil		t the obligation	ons of the po _	sition.

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)

<u>Title</u> `	<u>Name</u>	<u>Address</u>	Type of Action
			☐ Add☐ Remove
<del></del>	/	A	
			☐ Add ☐ Remove
E. <u>If amend</u> (attach aa	ling or adding additional sheets, if nec	onal Articles, enter change(s) here: essary). (Be specific)	
<del></del>			
-		( /	
<u>provisio</u>	nendment provides for implementing of applicable, indicate	or an exchange, reclassification, or cancell the amendment if not contained in the an N/A)	lation of issued shares, nendment itself:
	<u> </u>	1/A	

The date of each amendment(s)	adoption:	12/23/09	
	^ (a	late of adoption is rear	
Effective data if applicable: (n	no more than 90 da	ys after amendment fil	e date)
Adoption of Amendment(s)	( <u>CHECI</u>	K ONE)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shar sufficient for appro	reholders. The number oval.	r of votes cast for the amendment(s)
The amendment(s) was/were a must be separately provided for	approved by the shaper each voting grou	areholders through vot up entitled to vote sepa	ing groups. The following statement arately on the amendment(s):
"The number of votes cas	t for the amendmen	nt(s) was/were sufficie	nt for approval
by	oting group)		•
(ve	oting group)		
The amendment(s) was/were a action was not required.	dopted by the boar	rd of directors without	shareholder action and shareholder
The amendment(s) was/were a action was not required.	dopted by the inco	orporators without shar	eholder action and shareholder
Dated	1/23/09		
Signature	Amlin		
selected		or – if in the hands of	ectors or officers have not been a receiver, trustee, or other court
_	Vadim	Pinhaso or printed name of pers	V
	(Typed o	or printed name of pers	on signing)
_	Preside	ent	
	(Title of pers	son signing)	