449862

| (Requestor's Name) | | | | |
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| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
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| | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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TALLAHASSEE, FATE

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | ATION: DANIA DISCOU | NT DRUGS, INC. | |
|--------------------------|--|--|--|
| DOCUMENT NUMB | 4.10862 | | |
| The enclosed Articles e | of Amendment and fee are su | bmitted for filing. | |
| Please return all corres | pondence concerning this ma | tter to the following: | |
| | ROBERT KUSHER | | |
| - | | Name of Contact Person | 1 |
| | DANIA DISCOUNT DRUG | GS, INC. | |
| | | Firm/ Company | |
| | 16 SOUTH FEDERAL HIG | | |
| - | | Address | |
| | DANIA BEACH, FLORID | A 33004 | |
| - | | City/ State and Zip Code | 2 |
| | | , | |
| | licensingDD@daniarexall.e | | The state of the s |
| | E-mail address: (to be us | sed for future annual report | noutication) |
| For further information | n concerning this matter, pleas | se call: | |
| | | | |
| CHRISTIE HANCO | PCK | at (| |
| Name o | of Contact Person | Area Co | de & Daytime Telephone Number |
| Enclosed is a check for | the following amount made | payable to the Florida Depa | artment of State: |
| ☐ \$35 Filing Fee | ☐\$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Ame Divi P.O. | ling Address endment Section sion of Corporations Box 6327 thassee, FL 32314 | Amenc Divisio The C | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 |

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

| (<u>Name c</u> | of Corporation as curren | tly filed with the Florical De SE State AM 11: 03 | | |
|--|--|---|--|--|
| 449862 | SECRETAL COE STATE | | | |
| | (Document Number | of Corporation (if known) TALL AHASSEE, FL | | |
| Pursuant to the provisions of section 607. ts Articles of Incorporation: | 1006, Florida Statutes. thi | s Florida Profit Corporation adopts the following amendment(s) . | | |
| A. If amending name, enter the new na | ame of the corporation: | | | |
| N/A | | The new | | |
| name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association." | .orp." "Inc." or "Co". | "company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word " | | |
| B. Enter new principal office address, | | N/A | | |
| Principal office address MUST BE A S | | N/A | | |
| | | N/A | | |
| | | 4-217 | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | N/A | | |
| | | N/A | | |
| | | N/A | | |
| D. If amending the registered agent an new registered agent and/or the new | | dress in Florida, enter the name of the | | |
| | N/A | <u></u> | | |
| Name of New Registered Agent | N/A | 1977 | | |
| | | street address) | | |
| | N/A | N/A | | |
| New Registered Office Address: | | (City) (Zip Code) | | |
| | | (Eig) | | |
| | | | | |
| New Registered Agent's Signature, if c I hereby accept the appointment as regist | ranging Registered Agei Jered agent. I am familia | ne it: with and accept the obligations of the position. | | |
| | | | | |
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| | | | | |

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)

Example:

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

| 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> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | P | ANDREA LOWY | 1094 SKYLARK DRIVE |
| X Add | | | WESTON FL 33327 |
| | | | 1094 SKYLARK DRIVE |
| Remove 2) Change | VP | CRAIG LOWY | WESTON FL 33327 |
| Add | | | |
| X Remove Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | · |
| 5) Change | | | <u> </u> |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |
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| Attach additional sheets, if necessary). | (Re specific) | | | |
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| If an amendment provides for an exc | hange, reclassification, or | cancellation of issue | d shares, | |
| | endment if not contained | in the amendment it: | <u>seir:</u> | |
| provisions for implementing the amo | - | | | |
| (if not applicable, indicate N/A) | | | | |
| (if not applicable, indicate N/A) | | | | <u></u> |
| (if not applicable, indicate N/A) | | | | |
| (if not applicable, indicate N/A) | | | | |
| (if not applicable, indicate N/A) | | | | |
| (if not applicable, indicate N/A) | | | | |
| (if not applicable, indicate N/A) | | | | |
| (if not applicable, indicate N/A) | | | | |
| provisions for implementing the amo | | | | |
| (if not applicable, indicate N/A) | | | | |
| (if not applicable, indicate N/A) | | | | |

| | N/A | , if other than the |
|--|--|--|
| The date of each amendment(s) late this document was signed. | adoption: | , if other than the |
| N | !/A | |
| Iffective date <u>if applicable</u> : | (no more than 90 days after amer | idment file date) |
| Note: If the date inserted in thi locument's effective date on the | s block does not meet the applicable statutory fil Department of State's records. | ing requirements, this date will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/were action was not required. | adopted by the incorporators, or board of directors | s without shareholder action and shareholder |
| The amendment(s) was/were by the shareholders was/were | adopted by the shareholders. The number of votes sufficient for approval. | s east for the amendment(s) |
| | approved by the shareholders through voting grouf for each voting group entitled to vote separately o | |
| "The number of votes of | ast for the amendment(s) was/were sufficient for a | approval |
| by N/A | | ." |
| | (voting group) | |
| | | |
| 08/01/ | 2024 | |
| Dated | | |
| Signature | 2 Mills | |
| (By a selection) | a director president or other officer – if directors octed, by an incorporator – if in the hands of a receipinted fiduciary by that fiduciary) | |
| | ROBERT KUSHER | |
| | (Typed or printed name of person s | igning) |
| | PRESIDENT | 32 32 // 11 a/ |
| | (Title of person signing) | Alfrest fund 3/1 |
| | | CHRISTINA HANCOCK Notary Public - State of Florida Commission # HH 327336 My Comm. Expires Oct 30, 2075 Bonded through National Notary Assr. |



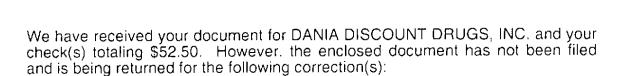
FLORIDA DEPARTMENT OF STATE Division of Corporations FLORIDA DEPARTMENT OF STATE Division of Corporations

August 23, 2024

ROBERT KUSHER 16 SOUTH FEDERAL HIGHWAY DANIA BEACH, FL 33004

SUBJECT: DANIA DISCOUNT DRUGS, INC.

Ref. Number: 449862



YOU DID NOT INCLUDE A TITLE FOR ONE YOUR OFFICERS.

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.

Anissa Butler Regulatory Specialist II

Letter Number: 324A00018995

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