# 02000069196

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### BASIC AMENDMENT

### UNITED FERA PHARMACY INC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

C. Coullistte

JUN 2 4 2005



#### FLORIDA DEPARTMENT OF STATE Glanda E. Hood Secretary of State

June 23, 2005

UNITED FERA PHARMACY INC 7959 NW 2ND ST. MIAMI, FL 33126

SUBJECT: UNITED FERA PHARMACY INC

REF: P02000069196

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The incorporator(s) cannot be amended or changed. Please correct your document accordingly.

You need to remove the wording from the second page of your filing that says "Certificate of Designation" for the registered agent. That is only used for the initial new filing of the articles. All we need is the paragraph saying "I am famililar with and accept the duties and responsibilities of being registered agent."

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) 245-6903.

Cheryl Coulliette Document Specialist FAX Aud. #: H05000154674 Letter Number: 005A00042954

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#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 24, 2005

UNITED FERA PHARMACY INC 7959 NW 2ND ST. MIAMI, FL 33126

SUBJECT: UNITED FERA PHARMACY INC

REF: P02000069196

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You have not made the changes I requested you to make. You cannot change the "Subscribers" and you need to remove the "Certificate of Designation" of registered agent.

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) 245-6903.

Charyl Coulliette Document Specialist FAX Aud. #: H05000154674 Letter Number: 105A00043119

Division of Corporations - P.O. BOX 6827 -Tallabassee, Florida 32314

H05000)1546074

# AMENDMENT TO ARTICLES OF INCORPORATION OF UNITED FERA PHARMACY INC.

The articles of incorporation of UNITED FERA PHARMACY INC., were amended by the corporation's board of directors on June 22, 2005. The corporation is filing these articles of amendment to articles of incorporation pursuant to F.S. 607.0602.

Article VIII (DIRECTORS) of the articles of incorporation of UNITED FERA PHARMACY INC., was amended as follows:

The name and address of the NEW director is:

ISABEL TORRES 520 WEST 75<sup>TH</sup> STREET HIALEAH, FLORIDA 33010

2. Article IX (OFFICERS) of the articles of incorporation of UNITED FERA PHARMACY INC., was amended as follows:

The name and address of the NEW officer is:

ISABEL TORRES 720 WEST 75<sup>TH</sup> STREET HIALEAH, FLORIDA 33010

3. Article XII (REGISTERED AGENT) the new registered agent for the Corporation

The name and address of the NEW registered agent is:

ISABEL TORRES 720 WEST 75<sup>TH</sup> STREET HIALEAH, FLORIDA 33010



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4. The Amendments were adopted by the Board of Directors on June 22, 2005 without shareholder action and shareholder action was not required.

In witness whereof, the undersigned Director of this corporation has executed these articles of amendment on June 22, 2005.

ERNESTO BLANCO

9724 HAMMOCKS BLVD., #104

MIAMI, FLORIDA 33196

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- 1. The name of the corporation is: UNITED FERA PHARMACY INC.
- The name and address of the registered agent and office is:

ISABEL TORRES 720 WERST 75<sup>TH</sup> STREET HIALEAH, FLORIDA 33014

Having been named as registered agent and to accept service of process for the above-named corporation at the place designated in this certificate, I accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

ISABEL TORRES

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