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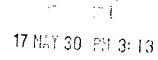


COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ANN'S PHA	ARMACY & DISCOUNT, INC
DOCUMENT NUMBER: P0300006163	35
The enclosed Articles of Amendment and fee are su	ubmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
ARNALDO LUIS	LOPEZ SANCHEZ
	Name of Contact Person
	Firm/ Company
3498 N.W. 7TH S	
MIAMI, FL 33125	Address 5
	City/ State and Zip Code
INFO@ACCOUNTIN	
E-mail address: (to be us	ised for future annual report notification)
For further information concerning this matter, pleas	ase call:
ARNALDO LUIS LOPEZ SAN	A
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	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation



ANN'S PHARMACY & DISCOUNT, INC

(N) C 4!				C C14 4 1
(Name of Corporation a	is chreenily the	en with the	RIATING DIENI	OI STATE
(Ivame or corporation i	is currently inte		i ivi iua bepi	· OI DIALE,

P03000061635	(((())))
(Document Number of Corporation	(II Known)
Pursuant to the provisions of section 607.1006, Florida Statutes, the ts Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporal "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or word "chartered," "professional association," or the abbreviation	tion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
3. Enter new principal office address, if applicable:	N/A
Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address.	
Name of New Registered Agent N/A	
(Florida	street address)
New Registered Office Address:	, Florida
(Cir	(Zip Code)
New Registered Agent's Signature, if changing Registered Age hereby accept the appointment as registered agent. I am familia	

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 Do	<u>be</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VP		ELENA H. RUBIO	3498 N.W. 7TH ST
Add				MIAMI FL 33125
Remove				
2) Change				
Add				
Remove			•	
3) Change		_	The state of the s	
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add			•	
Remove				

E. <u>If ame</u>	<mark>ending or adding additional Artic</mark> h <i>additional sheets, if necessary).</i>	cles, enter change(s) here:	
	n aaaiiionai sneeis, ij necessary).	(ne specific)	
N/A			
		· · · · · · · · · · · · · · · · · · ·	
		•	
-			
F. Ifana	amendment provides for an excha	ange, reclassification, or cancellation of issued	shares.
provi	isions for implementing the amen	dment if not contained in the amendment itse	<u>lf:</u>
	if not applicable, indicate N/A)		
N/A			
		•	
	**		
·	7 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
	•		
		·	

The date of each amendment(s) adoption: APRIL 07, 2017	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
MAY 24, 2017	
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiducions by that fiducions.)	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
ARNALDO L LOPEZ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	_