P03000094427

(Re	equestor's Name)	
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	ty/State/Zip/Phone	\ \ \ \ \
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION:	El Jardin Pharmacy,	Inc
DOCUMENT NUMBER:		P03000094427	7
The enclosed Article	es of Amendment and fee a	are submitted for filing.	
Please return all cor	respondence concerning the	is matter to the following:	
_		Xavier Ampuero	
	У	lame of Contact Person	
_	El J	ardin Pharmacy, Inc	<u>.</u>
		Firm/ Company	
_	2350 W 84th St. Bay #15		
		Address	
_		lialeah, FL 33016	
	C	ity/ State and Zip Code	
	jardinpha E-mail address: (to be use	rmacy@yahoo.com d for future annual report notification)	
For further informat	ion concerning this matter,	please call:	
	Jennifer	at (305)	818-9511
Name o	f Contact Person	Area Code & Daytime T	elephone Number
Enclosed is a check	for the following amount n	nade payable to the Florida Depa	artment of State:
	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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 Cir	cle

Tallahassee, FL 32301



April 6, 2010

XAVIER AMPVERO 2350 W 84 ST BAY 315 HIALEAH, FL 33016

SUBJECT: EL JARDIN PHARMACY, INC.

Ref. Number: P03000094427

We have received your document for EL JARDIN PHARMACY, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

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) 245-6916.

Letter Number: 510A00008332

Carol Mustain Regulatory Specialist II

www.sunbiz.org

Articles of Amendment to Articles of Incorporation of

El Jardin Pharmad	cy, Inc.
(Name of Corporation as currently filed wi	th the Florida Dept, of State)
(Document Number of Corpo	pration (if known)
Pursuant to the provisions of section 607.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	ition:
N/A	The new
name must be distinguishable and contain the word "c abbreviation "Corp.," "Inc.," or Co.," or the designation name must contain the word "chartered," "professional asse	"Corp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable:	2350 W 84th St Bay #15
(Principal office address <u>MUST BE A STREET ADDRESS</u>	1) Hialeah, FL 33016 A A A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	All Sole FLORIDA same as above FILED All Sole FLORIDA SAME AND ALL SOLE FLORIDA ALL SOLE FLORIDA
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office	
Name of New Registered Agent: Xavier Am	puero
2350 W 84	4th St Bay #15
New Registered Office Address: (F	lorida street address)
Hialeah	, Florida_33016
(C	ity) (Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am for Signature of N	d Agent: Camiliar with and accept the obligations of the position. 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
Directo	Xavier Ampuero	2350 W 84th ST Bay#15 Hialeah, FL 33016	☑ Add □ Remove
Directo	Lucy J Valhuerdi	2350 W 84th ST Bay #15 Hialeah, FL 33016	☑ Add □ Remove
			☐ Add ☐ Remove
	g or adding additional Articles, enter of tional sheets, if necessary). (Be specifically specifi		
provisions	ndment provides for an exchange, recl for implementing the amendment if n applicable, indicate N/A)		
IN/A			

The date of each amendmen	t(s) adoption: (04/08/10
Effective date <u>if applicable</u> :	04/08/10	(date of adoption is required)
	(no more than	90 days after amendment file date)
Adoption of Amendment(s)	(<u>C</u>	HECK ONE)
The amendment(s) was/we by the shareholders was/w		ne shareholders. The number of votes cast for the amendment(s) rapproval.
The amendment(s) was/we must be separately provide	ere approved by ed for each votir	the shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s):
"The number of votes	cast for the ame	endment(s) was/were sufficient for approval
by		,,,
	(voting group)	
The amendment(s) was/we action was not required.	ere adopted by th	ne board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the	incorporators without shareholder action and shareholder
Dated_04/0	08/10	
Signature		
sele	ected, by an inco	ident or other officer – if directors or officers have not been orporator – if in the hands of a receiver, trustee, or other court by that fiduciary)
	/	
		Xavier Ampuero
	(T	yped or printed name of person signing)
		Director
	(Title	of person signing)