

PO3000094427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

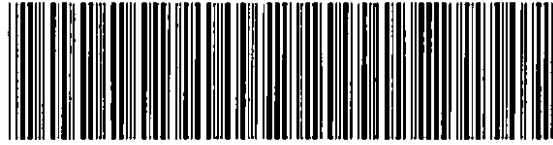
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400416971584

*Amend*

FILED  
2023 OCT 9 AM 8:51  
2023 OCT 9 AM 11:00

OCT 10 2023  
A PAMSEY

\*02250, 00924, 00671

**FLORIDA FILING & SEARCH SERVICES, INC.**  
P.O. BOX 10662 TALLAHASSEE, FL 32302  
155 Office Plaza Dr Ste A Tallahassee FL 32301  
PHONE: (800) 435-9371; FAX: (866) 860-8395

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DATE: 10/09/2023

NAME: EL JARDIN PHARMACY INC

TYPE OF FILING: AMENDMENT

COST: 35.00

RETURN: PLAIN COPY PLEASE

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: EL JARDIN PHARMACY INC

DOCUMENT NUMBER: P03000094427

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

EL JARDIN PHARMACY  
Name of Contact Person

TOSIN JULIUS  
Firm/ Company

EL JARDIN PHARMACY  
Address

7649 PINES BLVD  
City/ State and Zip Code

PEMBROKE PINES FL 33024  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TOSIN JULIUS at ( 813 ) 4100029  
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 & Certificate of Status
- \$43.75 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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 10, 2023

FLORIDA FILING & SEARCH SERVICES, INC.

TALLAHASSEE, FL 32302

SUBJECT: EL JARDIN PHARMACY, INC.  
Ref. Number: P03000094427

We have received your document for EL JARDIN PHARMACY, INC. and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

Please add Tosin Julius's title. See page 2 of the amendment form.

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.

Annette Ramsey  
OPS

Letter Number: 723A00023442

RECEIVED  
2023 OCT 11 PM 1:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Please keep original filing date*  
*Thank you!*

**COVER LETTER**

TQ: Amendment Section  
Division of Corporations

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**DOCUMENT NUMBER:** P03000094427

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The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

EL JARDIN PHARMACY, INC .

2023 OCT -9 AM 8:51

(Name of Corporation as currently filed with the Florida Dept. of State)

P03000094427

FLORIDA DEPT. OF STATE  
CORPORATION DIVISION

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

\_\_\_\_\_ The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

**B. Enter new principal office address, if applicable:**  
(Principal office address MUST BE A STREET ADDRESS)

7649 PINES BLVD

PEMBROKE PINES

FL 33024

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

7649 PINES BLVD

PEMBROKE PINES

FL 33024

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent TOSIN JULIUS

(Florida street address)

New Registered Office Address: 7649 PINES BLVD PEMBROKE PINES, Florida FL 33024

(City)

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature of New Registered Agent, if changing

**Check if applicable**

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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)*

*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:**

Change                    PT        John Doe

Remove                    V        Mike Jones

Add                        SV        Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>P</u>	<u>XAVIER AMPUERO</u>	<u>259 N UNIVERSITY DR</u>
<input type="checkbox"/> Add			<u>PEMBROKE PINES FL33024</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>VP</u>	<u>JENNIFER HERNANDEZ</u>	<u>259 N UNIVERSITYDR</u>
<input type="checkbox"/> Add			<u>PEMBROKE PINES FL 33024</u>
<input checked="" type="checkbox"/> Remove			<u>7649 PINESBLVD</u>
3) <input type="checkbox"/> Change	<u>P</u>	<u>TOSIN JULIUS</u>	
<input checked="" type="checkbox"/> Add			<u>PEMBROKE PINES FL 33024</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

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**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

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The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**Adoption of Amendment(s) (CHECK ONE)**

- The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- 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)"

10/09/2023  
Dated \_\_\_\_\_

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 fiduciary by that fiduciary)

PRESIDENT

\_\_\_\_\_  
(Typed or printed name of person signing)

TOSIN JULIUS

\_\_\_\_\_  
(Title of person signing)