P03000142214

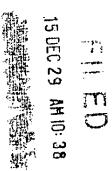
(Red	questor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: AMERICAN APO	THECARY OF KENDALI	L, INC.		
DOCUMENT NUMI					
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	NELLY MUNOZ-PEREZ				
		Name of Contact Persor	1		
	AMERICAN APOTHECARY OF KENDALL, INC.				
	Firm/ Company				
	12232 SW 132 CT				
		Address			
	MIAMI, FL 33186				
		City/ State and Zip Code)		
anoth	eca@bellsouth.net				
ароп	-	sed for future annual report	notification)		
	2 (10	,			
For further informatio	n concerning this matter, pleas	se call:			
NELLY MUNOZ-PE	REZ	at (305	de & Daytime Telephone Number		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	urtment 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		Street Address Amendment Section Division of Corporations Clifton Building			

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



AMERICAN APOTHECARY OF KENDALL, INC.

			100	<u>ب</u>
(<u>Name o</u>	f Corporation as currently	filed with the Florida Dept. of State)	1913:	ين
P03000142214			900	Ç.
	(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Fl</i>	orida Profit Corporation adopts the follow	wing amen	dment(s) to
A. If amending name, enter the new na	me of the corporation:			
N/A			The	new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co	" "company," or "incorporated" or the o". A professional corporation name m A."	abbrevia ust contain	tion the
B. Enter new principal office address, (Principal office address MUST BE A ST				_
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of				
D. If amending the registered agent an		ss in Florida, enter the name of the		
new registered agent and/or the nev				
Name of New Registered Agent	NELLY MUNOZ-PEREZ			
	350 SW 26 RD			
	(Florida stree	t address)		
New Registered Office Address:	MIAMI	. Florida 3312	9	
New Registered Office Address.	((Zip Code)	_
New Registered Agent's Signature, if c	ered agent. I am familiar wi		on.	
	Signature of New Reg	tistered 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)

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 <math>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 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) X Change	p	NELLY MUNOZ-PEREZ	350 SW 26 RD
Add			Miami, Fl. 33129
Remove			
2) Change	P	JORGE L PEREZ	350 SW 26 RD
Add			Miami, Fl. 33129
x Remove			
3) Change			-
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If amending</u> (Attach <i>addit</i>	or adding additional Artional sheets, if necessary).	ticles, enter chang (Be specific)	<u>ze(s) here</u> :		
J/A	, a	(
					
					
	· ·				
			-		
			1		
		<u></u> -			
<u></u>					
		•			
		-			
. If an amend	lment provides for an exc for implementing the am	change, reclassific lendment if not co	ation, or cancella intained in the am	<u>tion of issued sna</u> lendment itself:	res,
(if not a	applicable, indicate N/A)				
N/A					
			••		
· 					<u> </u>
					

	12/18/2015	
The date of each amendment(s)		, if other than the
date this document was signed.		
	2/18/2015	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file	date)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing require Department of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes east for the sufficient for approval.	e amendment(s)
	approved by the shareholders through voting groups. The following group entitled to vote separately on the amen	
	ist for the amendment(s) was/were sufficient for approval	,
by	(voting group)	
	(voling group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and s	shareholder
12/18/20 Dated	Munioz Leuz	
	director, president or other officer – if directors or officers	have not been
	eted, by an incorporator – if in the hands of a receiver, trusted	
арре	ointed fiduciary by that fiduciary)	
	NELLY MUNOZ-PEREZ	
	(Typed or printed name of person signing)	A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
	President	
	(Title of person signing)	