

P040000068750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

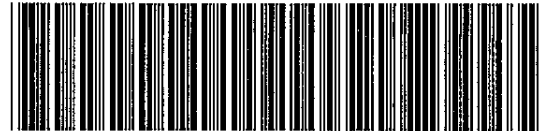
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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Armen Q

02/18/05--01026--018 **35.00

RECEIVED
05 FEB 18 11:11
STATE
TALLAHASSEE
FLORIDA

FILED
05 FEB 18 1:41
SECRETARY OF STATE
TALLAHASSEE
FLORIDA
ASR
2/18

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. JB M PHARMACY DISCOUNT INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time

2:00

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF**

JBM PHARMACY DISCOUNT INC.

(PRESENT NAME)

PURSUANT TO THE PROVISIONS OF SECTION 607,1006, FLORIDA STATUTES, THIS CORPORATION ADOPTSS FTHE FOLLOWING ARITCLES OF AMENDMENT TO ITS ARTICLE OF INCORPORATION:

FIRST: AMENDMENT(S) ADOPTED: (INDICATE ARICLE NUMBER(S) BEING AMENDED ADDED OR DELETED)

ARTICLES V - INCORPORATOR

WAS: **MARTHA M. BELLO** **P.D**

NOW **MARTHA M. BELLO** **P.D**
JUAN CARLOS MARTINEZ **V.P**

SECOND: IF AN AMENDMENT PROVIDES FOR AN EXCHANGE, RECLASSIFICAATION OR CANCELLATION OF ISSUED SHARES, PROVISIONS FORIMPLEMEN-
TING THE AMENDMENT IF NOT CONTAINED IN THE AMENDMENT
ITSELF, ARE AS FOLLOWS:

THIRD: THE DATE OF EACH AMENDMENT' S ADOPTION: 02/11/05

FILED
05 FEB 18 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOURTH: ADOPTION OF AMENDMENT(S) (CHECK ONE)

X THE AMENDMENT(S) WAS/WERE APPROVED BY THE SHAREHOLDERS. THE NUMBER OF VOTES CAST FOR THE AMENDMENT (S) 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)

- * 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.

SIGNED THIS 11 DAY OF FEBRUARY, 2005.

SIGNATURE

Marta Bello
(By the Chairman or Vice Chairman of the Board
of Directors, President or other officer if adopted
by the shareholder(s))

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

MARTHA M. BELLO

Typed or printed name

PRESIDENT

Title