

P04000142093

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Amend

02/07/05--01077--031 **43.75

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05 FEB -7 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*ASR
2/15/05*

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ARMENIA PHARMACY

DOCUMENT NUMBER: P04000142093

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

Please return all correspondence concerning this matter to the following:

JULISSA ROSADO
(Name of Contact Person)

ARMENIA PHARMACY
(Firm/ Company)

8338-B N ARMENIA AVENUE
(Address)

TAMPA, FLORIDA 33604
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

JULISSA ROSADO at (813) 629-8826
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$35 Filing Fee

\$43.75 Filing Fee &
Certificate of Status

\$43.75 Filing Fee &
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\$52.50 Filing Fee
Certificate of Status
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(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
409 E. Gaines Street
Tallahassee, FL 32399

Articles of Amendment
to
Articles of Incorporation
of

ARMENIA PHARMACY , INC.

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

P 04000142093

(Document number of corporation (if known))

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

PLEASE DELETE OFFICER/DIRECTOR/ REGISTER AGENT: MARTHA GUZMAN 9712 YELLOW

STONE PLACE, TAMPA, FLORIDA 33634

PLEASE DELETE OFFICER/DIRECTOR: BHUPENDRA AGRAVAT 18144 ANTIETNAM CT, TAMPA

FLORIDA 33647

& Registered Agent

PLEASE ADD/UPDATE OFFICER/DIRECTOR: JULISSA ROSADO 8338-B NORTH ARMENIA AVE

TAMPA, FLORIDA 33604

I, JULISSA ROSADO, ACCEPT THE APPOINTMENT AND STATE THAT I AM FAMILIAR WITH

AND ACCEPT THE OBLIGATION OF THE POSITION

SIGNED: 

(Attach additional pages if necessary)

If an amendment provides for 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)

NUMBER OF TOTAL SHARE OF CORPORATION = 100 ; MARTHA GUZMAN HAS 50 SHARES AND

BUPHENDRA AGRAVAT HAS 50 SHARES AS OF FEBRUARY 2, 2005 JULISSA ROSADO WILL OWN

THE TOTAL AMOUNT OF SHARES (100) FROM ARMENIA PHARMACY INC.

(continued)

The date of each amendment(s) adoption: FEBRUARY 2, 2005

Effective date if applicable: FEBRUARY 2, 2005
(no more than 90 days after amendment file date)

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

- The amendment(s) was/were approved 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)

- 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 2 day of February, 2005.

Signature Julissa Rosado

(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)

Julissa Rosado
(Typed or printed name of person signing)

President/Director
(Title of person signing)

FILING FEE: \$35