## P04000142093

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ANASSEE, FLORIDA

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COR	PORATION: ARMENIA PHAI	RMACY, INC.	·	
DOCUMENT N	UMBER: P04000142093			
The enclosed Art	icles of Amendment and fee a	re submitted for fili	ng.	
Please return all o	correspondence concerning this	s matter to the follo	wing:	
JU	LISSA ROSADO			
•	(Name o	of Contact Person)		<del></del>
AR	MENIA PHARMACY, INC.			
<del></del>	(Fin	m/Company)		<del></del>
833	8-B NORTH ARMENIA PHARMA	CY		
		(Address)		<del></del>
TA	MPA, FLORIDA 33604	·		
·- <del></del>	(City/ St	ate/ and Zip Code)		
For further inform	nation concerning this matter,	please call:		
JULISSA ROSADO	<b>D</b>	at ( 813	) 932-7574	
(Name of Contact Person)			de & Daytime To	elephone Number)
Enclosed is a che	ck for the following amount:			
□ \$35 Filing Fee	☑ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Certified Copy (Additional coenclosed)	y	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address  Amendment Section			Address Iment Section	

Division of Corporations

409 E. Gaines Street

Tallahassee, FL 32399

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

## Articles of Amendment to Articles of Incorporation of

ARM	IFNIA	PHAR	MA	CY	INC

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

P04000142093

(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:

## **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)
and of Afficie True(s) being amerided, added of defered. (BE SFECTIVE)
PLEASE ADD OFFICER/VICEPRESIDENT: ADRIANA VARGAS
(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 SHARES OF CORP =100; AS OF JUNE 30, 2005 JULISSA ROSADO WILL
OWN 67 SHARES AND ADRIANA VARGAS WILL OWN 33 SHARES FROM ARMENIA PHARMACY
INCORPORATED.
(continued)

The date of each amendment(s) adoption: 6-30-05
Effective date if applicable: 6-30-05
(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 30 day of June, 2005.
Signature  (By 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/OWNER
(Title of person signing)

FILING FEE: \$35