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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ARMENIA PHARMACY, INC.

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, INC.

(Firm/ Company)

8338-B NORTH ARMENIA PHARMACY

(Address)

TAMPA, FLORIDA 33604

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

JULISSA ROSADO

(Name of Contact Person)

at (813) 932-7574

(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 &
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
409 E. Gaines Street
Tallahassee, FL 32399

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 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/OWNER

(Title of person signing)

FILING FEE: \$35