965000044720

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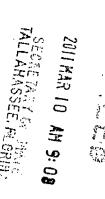
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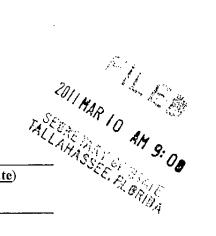
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION:	PILLS PLUS, INC.			
DOCUMENT NUMBER	::	P05000044720			
The enclosed Articles of A	Imendment and fee a	re submitted for filing.			
Please return all correspor	ndence concerning thi	s matter to the following:			
		elle G. Trca, Esquire			
	N	ame of Contact Person			
	Mic	chelle G. Trca, P.A.			
Firm/ Company					
1133 S.E. 4th Avenue					
		Address			
		uderdale, Florida 33316			
	Ci	ity/ State and Zip Code			
1	michelletro E-mail address: (to be used	a@bellsouth.net d for future annual report notification)			
For further information co	ncerning this matter,	please call:			
Michelle G.	Trca, Esquire	at (954)467.6	6711, ext. 2		
Name of Conta	ict Person	Area Code & Daytime Tele	ephone Number		
Enclosed is a check for the	e following amount m	ade payable to the Florida Depart	ment of State:		
	43.75 Filing Fee & Certificate of Status	Substituting See & 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 Corpor P.O. Box 6327 Tallahassee, FL 32	rations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	e		

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of



PILLS PLUS, INC.

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

P05000044720

(Document Number of Corporation (if known)

amendment(s) to its Articles of Incorporation	on:
A. If amending name, enter the new nam	ne of the corporation:
abbreviation "Corp.," "Inc.," or Co.," or	The new in the word "corporation," "company," or "incorporated" or the the designation "Corp," "Inc," or "Co". A professional corporation professional association," or the abbreviation "P.A."
B. Enter new principal office address, if a (Principal office address MUST BE A STR	
	or registered office address in Florida, enter the name of the
new registered agent and/or the new r	registered office address:
Name of New Registered Agent:	Ines Gomes
New Registered Office Address:	7801 N.W. 146th Street (Florida street address)
	Miami Lakes , Florida 33016 (City) (Zip Code)
New Registered Agent's Signature, if cha I hereby accept the appointment as registered	nging Registered Agent: ed agent. Lam familiar with and accept the obligations of the position.
	Nues Imes
_	Signature of New Registered 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>VD</u>	Raudel Rivera	7801 N.W. 146th Street Miami Lakes, FL 33016	
<u>s</u>	Ines Gomes	7801 N.W. 146th Street Miami Lakes, FL 33016	
	ding or adding additional Artic dditional sheets, if necessary).		
IN/A		· · · · · · · · · · · · · · · · · · ·	

<u>provisi</u>		ange, reclassification, or cancellation of dment if not contained in the amendmen	
N/A		,	
	·		

The date of each amendment	(s) adoption:	3/7		2011
Effective data if analizable.	3/7	(date of add , 201	option is	required)
Effective date <u>if applicable</u> :	(no more than 90			
Adoption of Amendment(s)	(<u>CH</u>	ECK ONE)		
The amendment(s) was/we by the shareholders was/we			The nur	mber of votes cast for the amendment(s)
				n voting groups. The following statemen separately on the amendment(s):
"The number of votes	cast for the amend	ment(s) was/	were suf	ficient for approval
by				.,
•	(voting group)			
The amendment(s) was/we action was not required.	re adopted by the b	ooard of direc	ctors wit	hout shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the i	ncorporators	without	shareholder action and shareholder
Dated	3/7	2011	 -	
Signature	\propto lne	y In	ces.	
(By		orator – if in	the hand	f directors or officers have not been is of a receiver, trustee, or other court
		lne	s Gome	es
	(Тур	ed or printed	name of	person signing)
		Pı	residen	t
	(Title of	person signir	ıg)	