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(Re	equestor's Name)	
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Amend Manch MAR 2 2017

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	ATION:	OODLUCK PHARMACY	/ INC		
DOCUMENT NUMBE	NUMBER:P07000026831				
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
	MAHESH L PATEL				
-	Name of Contact Person				
GOODLUCK P			HARMACY INC		
_	·				
Firm/ Company 5890 SW 43RD STREET ROAD					
_	Address				
	OCALA, FL 34474				
_		City/ State and Zip Cod	¢		
		mikecitgo@gmail.com			
·	E-mail address: (to be us	ed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
MAHESH L PATEL		352	361-3878 de & Daytime Telephone Number		
Name of	Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made p	payable to the Florida Dep	artment of State:		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Fiting Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)		
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Cliftor 2661 F	Address Iment Section on of Corporations a Building Executive Center Circle assec, FL 32301		

Articles of Amendment to Articles of Incorporation of

GOODLUCK PHARMACY INC

(Name of Corporation as currently filed with the Florida Dept. of State) P07000026831 (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: A. If amending name, enter the new name of the corporation: GOODLUCK ENDEAVORS INC The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida_ (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. 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)

Remove

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe		
X Remove	Y	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	Name	Address	
l) Change	VP	NITA M PATEL	5890 SW 43RD STREET ROAD	
Add Remove			OCALA, FL 34474	
2) Change				
Remove				
3) Change Add				
Remove 4) Change				
Add				
Remove				
5) Change Add				
Remove				
6) Change Add				

tach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
· · · · · · · · · · · · · · · · · · ·	N/A
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an amendment provides for an exch rovisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
	N/A
	·

The date of each amendment(s) adopti	JANUARY 01, 2017	, if other than th
date this document was signed.	VIII.	, ii outer than th
The same and a same and a same a	JANUARY 01, 2017	
Effective date if applicable:	•	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Department.	does not meet the applicable statutory filing requirements, this date winent of State's records.	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ent for approval.	
☐ The amendment(s) was/were approve must be separately provided for each	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
	ne amendment(s) was/were sufficient for approval	
by	(voting group)	
-	(voting group)	
	by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
Dated 62 16/	12	
Signature / \mathcal{N}	13- Paper Parel	
(By a directo	or, president or other officer – if directors or officers have not been	
	an incorporator - if in the hands of a receiver, trustee, or other court	
appointed to	duciary by that fiduciary)	
	MAHESH L PATEL	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	