P08000048779

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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: White Orchid Pharmacy, Inc. P08000048779 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Marko Jarie Name of Contact Person White Orheid Pharmacy, Inc. Firm/ Company 2328 B Hollywood Boulevard Address Hollywood, FL 33020 City/ State and Zip Code marko@librasunrx.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (917) 744-9866

Area Code & Daytime Telephone Number Marko Jaric Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & **\$52.50** Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

White Orchid Pharmacy, Inc		
(Name of Corporation as current	tly filed with the Florida Dept. of State	(;)
P08000048779		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the t	following amendment(s) to
A. If amending name, enter the new name of the corporation:		
Broward Pharmacy, Inc.		The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co" or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must	hreviation "Corp.,"
B. Enter new principal office address, if applicable:	N/A	2026
(Principal office address MUST BE A STREET ADDRESS)		FE
		
		- - 1
C. Enter new mailing address, if applicable:		里 当
(Mailing address MAY BE A POST OFFICE BOX)	N/A	الميا م
		.
		<u> </u>
		
D. If amending the registered agent and/or registered office address registered agent and/or the new registered office address		
Name of New Registered Agent N/A		
rame to then negimered rigem		
(Florida s	areet address)	
N/A		
New Registered Office Address:	, Florida_ (City)	(Zip Code)
	1000	(=4)
New Registered Agent's Signature, if changing Registered Agen		
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the po	osition.
Signature of New	Registered Agent, if changing	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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 Doc 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	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change		_	
Add			
Remove			
4) Change	-		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding ac (Attach additional sheets, i	Iditional Articles, enter	change(s) here:			
i/A	Thecessury. (De speed	gicy			
				<u>-</u>	
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If an amendment provide	es for an exchange, recla	assification, or ca	ncellation of issue	d shares,	
provisions for implemen	nting the amendment if	not contained in	the amendment its	self:	
(if not applicable, inc	ncate (N/A)				
A	 				
					
· · -					
					_
					
					

The date of each amendment(s) ad date this document was signed.	option:		_, if other than the
date this document was signed.			
Effective date <u>if applicable</u> :	(no more than 90 da	ys after amendment file date)	
	ino more man 20 aa	, and amenamenty in that	
Note: If the date inserted in this bl document's effective date on the De		e statutory filing requirements, this date will i	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
■ The amendment(s) was/were ado action was not required.	pted by the incorporators, or boar	d of directors without shareholder action and s	shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	•	mber of votes cast for the amendment(s)	
		n voting groups. The following statement separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were su	ifficient for approval	
by	(voting group)		
	(voting group)		
Dated <u>62 - \3</u>	. 2020	_	
Signature	1		
(By a di	rector, president or other officer –	if directors or officers have not been	_
	I, by an incorporator – if in the hai ed fiduciary by that fiduciary)	nds of a receiver, trustee, or other court	
akham.			
	(Typed or printed nam	. <u> </u>	
	(Typed or printed nam	e of person signing)	
	(Title of person signing	P	
	(Title of person signing	g) 1	