P0800089214

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COVER LETTER

TO: Amendment Section Division of Corporations

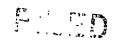
Tallahassee, FL 32314

NAME OF CORPORATION: LIFESAVER	PHARMACY INC
DOCUMENT NUMBER: P08000089214	· <u> </u>
The enclosed Articles of Amendment and fee a	are submitted for filing.
Please return all correspondence concerning this	is matter to the following:
ANDRES R ESPINOZA	1
	Name of Contact Person
	Firm/ Company
11735 SW 147TH AVE	UNIT 5
	Address
MIAMI, FL 33196	
	City/ State and Zip Code
	be used for future annual report notification)
For further information concerning this matter,	please call:
ANDRES R ESPINOZA	at (784) 963-380
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount n	nade payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



2023 JAH 20 AH 7: 33

LIFESAVER PHARMACY INC

P08000089214	tion as currently the	with the Florida 12C	Telli, ita	
(Docu	iment Number of Corp	oration (if known)		
Pursuant to the provisions of section 607,1006, Floridits Articles of Incorporation:	da Statutes, this Floria	la Profit Corporation :	adopts the following amendm	nent(s) to
A. If amending name, enter the new name of the	corporation:			
N/A			The ne	m,
name must be distinguishable and contain the word " "Inc.," or Co.," or the designation "Corp," "Inc "chartered," "professional association," or the abb	"," or "Co". A prof	ny," or "incorporated essional corporation	" or the abbreviation "Corp.,	
B. Enter new principal office address, if applicab (Principal office address MUST BE A STREET AE				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>OX</u>)	- 100		
D. If amending the registered agent and/or regist new registered agent and/or the new registered	ered office address in	Florida, enter the na	ame of the	
Name of New Registered Agent		<u></u>		
	(Florida street add	dress)		
1000	(, , , , , , , , , , , , , , , , , , ,	,	. Florida	
New Registered Office Address:	(City)			
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	egistered Agent: I am familiar with a	nd accept the obligatio	ons of the position.	
Sig	nature of New Registe	red 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 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.

\underline{X} Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) X Change	Р	Andres R Espinoza	11735 SW 147TH AVE UNIT 5
Add			Miami, FL 33196
Remove 2) X Change	VP	Ruben Flores	11735 SW 147TH AVE UNIT 5
Add			Miami, FL 33196
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		-	
Add			
Remove			

•	(Be specific)
-	
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	<u> </u>
	to and a self-residual con a consultation of invend above
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	endment if not contained in the amendment itself:
If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
provisions for implementing the amer	endment if not contained in the amendment itself:
provisions for implementing the amer	endment if not contained in the amendment itself:
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provisions for implementing the amer	endment if not contained in the amendment itself:

CL - J-4 C L J 4	November 10, 2022	
The date of each amendment late this document was signed		, if other than the
ate this document was signed	November 10, 2022	
Effective date if applicable:	November 10, 2022	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, the Department of State's records.	nis date will not be listed as the
doption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer action was not required.	re adopted by the incorporators, or board of directors without shareholde	r action and shareholder
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amenda	nent(s)
	re approved by the shareholders through voting groups. The following stand for each voting group entitled to vote separately on the amendment(s):	
,		
	cast for the amendment(s) was/were sufficient for approval	
,	cast for the amendment(s) was/were sufficient for approval	
"The number of votes		
"The number of votes	(voting group)	
"The number of votes	(voting group)	
"The number of votes	(voting group)	
"The number of votes	(voting group)	
"The number of votes by Dated Signature (B	(voting group) (voting group) 11-10-2022 Luchus P. Hung y a director, president or other officer- if directors or officers have not be	oeen
"The number of votes by Dated Signature (B) se	(voting group)	oeen
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