P10000008225

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SECRETARY OF STATE
SIVISION OF CORPORATION

OCT 2 4 2012

T. BROWN

COVER LETTER

Division of Corpor		,		
	EZ CARE	PHARMACY	', INC	
NAME OF CORPOR	^{ат} Р*100000082	225		
DOCUMENT NUMBE				
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:		
Α	rtur Krasnopo	lskiy		
E	Z CARE PHA	RMACY, INC		
3	353 Sheridan	Street, Suite	D	
H	lollywood, Fl 3	Address 33021		
_		City/ State and Zip Code	e	
art@	ezcarepharm)	acy.com		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
∆rtur Krasno	nolskiv	at (954	981-0614	
Artur Krasnopolskiy Name of Contact Person			de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
□ \$35 Filing Fec	□\$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		Street Address		
	idment Section ion of Corporations		Iment Section on of Corporations	
	Box 6327		Building	
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of



EZ Care Pharmacy, Inc.

100000 Tames Corporation as currently	meu with the Fio	rida Dept. or State)		
(Document Number of	of Corporation (if k	known)		_
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	ida Statutes, this Fl	orida Profit Corporation	adopts the followin	ng amendment(s) t
A. If amending name, enter the new name of the	corporation:			
name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Corword" (contains the weather) " or the designation," or the word "chartered." "professional association," or the	rp," "Inc," or "Ce	o". A professional corpo	porated" or the a	_The new bbreviation contain the
B. <u>Enter new principal office address, if applicab</u> (Principal office address <u>MUST BE A STREET AL</u>				-
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE B</u>	! O X)			
D. If amending the registered agent and/or regist new registered agent and/or the new registere	d office address:		ame of the	-
Name of New Registered Agent		****	<u></u>	
	(Florida stree	t address)		
New Registered Office Address:	(City)	, Floric	la(Zip Code)	-
	(Cīṇ)		(Zıp Coae)	
New Registered Agent's Signature, if changing Real Hereby accept the appointment as registered agent.	<mark>egistered Agent:</mark> . I am familiar wi	th and accept the obligation	ons of the position.	
	New Registered Ag	t if abanaina		

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)

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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	V	Mike Jones	
X Add	SV	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	T	Maxim Krasnopolskiy	500 Three Island Blvd
Add			Suite 1210
Remove			Hallandale Bch FL 33009
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	dding additional Ar sheets, if necessary).	(Be specific)	· · · · · · · · · · · · · · · · · · ·		
			····		
					
				·	.
<u> </u>	· · · · · · · · · · · · · · · · · · ·				
		<u> </u>			. <u>-</u>
an amendment	provides for an exclude special plementing the ame	hange, reclassificati endment if not cont	on, or cancellation ained in the amend	of issued shares, nent itself:	
rovisions for im	able, indicate N/A)				
rovisions for im	able, indicate N/A)				
rovisions for im	able, indicate N/A)				
rovisions for im	able, indicate N/A)				
rovisions for im	able, indicate N/A)				
rovisions for im	able, indicate N/A)				
<u>provisions for im</u>	able, indicate N/A)				

October 15, 2012

The date of each amendment(s	adoption:
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
	adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated	10/15/2012
Signature	at 2
(By sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	Artur Krasnopolskiy
	(Typed or printed name of person signing)
	President
	(Title of person signing)