

07/08/2011 13:16

3052201440

LAZARUS

PAGE 01/05

https://efile.sos.fl.gov/scripts/efilegovt.c

P10000079095

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000175156 3)))



H110001751563ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE  
Account Number : I20000000019  
Phone : (305) 552-5973  
Fax Number : (305) 220-1440

FILED  
11 JUL -8 PM 3:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

COR AMND/RESTATE/CORRECT OR O/D RESIGN  
RITZ PHARMACY INC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Amend

SECOND REQUEST  
PLEASE RESEND

Electronic Filing Menu

Corporate Filing Menu

Help

7/8/2011 1:38 PM

07/08/2011 14:16

3052201448

LAZARUS

PAGE 02/05

07/08/2011 2:49:59 PM PAGE 1/001 Fax Server



July 8, 2011

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RITZ PHARMACY INC  
2173 W FLAGLER ST  
MIAMI, FL 33125

SUBJECT: RITZ PHARMACY INC  
REF: P10000079695

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts  
Regulatory Specialist II

FAX Aud. #: H11000175156  
Letter Number: 411A00016356

RECEIVED  
11 JUL -8 AM 8:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

Articles of Amendment  
to  
Articles of Incorporation  
of

Ritz Pharmacy Inc

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

P10000079695

(Document Number of Corporation (if known))

FILED  
11 JUL -8 PM 3:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

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 MAY BE A POST OFFICE BOX)

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:

Yania Cruz

2173 W. Flagler Street

New Registered Office Address:

(Florida street address)

Miami

(City)

Florida 33125

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept this appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

07/06/2011 14:15 3052201440

LAZARUS

PAGE 04/05

07/06/2011 13:36 3058252948

VALDES MUSA VALDES

PAGE 04/05

H11000175156

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>	<u>Address</u>	<u>Type of Action</u>
P&D	Raul A. Garcia	2173 W. Flagler Street Miami, FL 33125	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
PST&D	Yanis Cruz	2173 W. Flagler Street Miami, FL 33125	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:  
(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  
(if not applicable, indicate N/A)

H11000175156

07/08/2011 14:16 3052201440

LAZARUS

PAGE 05/05

07/06/2011 13:36 3058252948

VALDES MUSA VALDES

PAGE 05/05

H 1 1 0 0 0 1 7 5 1 5 6

The date of each amendment(s) adoption: 07/05/2011

(date of adoption is required)

Effective date (if applicable):

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_"

(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 07/05/2011

Signature \_\_\_\_\_

(By a director, president or other officer - If directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Yanis Cruz

(Typed or printed name of person signing)

President

(Title of person signing)

H 1 1 0 0 0 1 7 5 1 5 6