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COVER LETTER

Division of Corporations
NAME OF CORPORATION: FYST CHOICE Pharmary DISCONTILL DOCUMENT NUMBER: P10000081777
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Forge Redicuez Name of Contact Person
Firm/ Company
484 libst 29 St
Address
dialean te 33012
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
torque Radnavez at (305) 431 1385 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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+11st Unoice Marmar	y Discont II	
Name of Corporation as currently filed with the Flo	orida Dept. of State)	
<u> </u>		
(Document Number of Corporation (if	known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amend	iment(s) to
A. If amending name, enter the new name of the corporation:		
	The	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "F	," "company," or "incorporated" or the abbrevia Co". A professional corporation name must contain	tion
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	484 West 29	
	33012 33012	
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the	
new registered agent and/or the new registered office address:		
Name of New Registered Agent		
		
(Florida stree	et address)	
New Registered Office Address: (City)	Florida(Zip Code)	
(८,,,)	(Zip Couc)	
New Registered Agent's Signature, if changing Registered Agent:		
Thereby accept the appointment as registered agent. I am familiar wi		~
	A SE	≘
Signature of New Registered Aş	gent, if changing	2013 APR 17
		7 m - 1 m - 1
		To [i]

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

	icles, enter change(s) here: (Be specific)
•	
	names managediaction on acqualitation of iconed charge
If an amendment provides for an eyeh	
If an amendment provides for an exch provisions for implementing the ame	ndment if not contained in the amendment itself:
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The date of each amendment(s) adoptio	n:3\15\15
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 was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) at for approval.
☐ The amendment(s) was/were approved must be separately provided for each to	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):
	e amendment(s) was/were sufficient for approval
by	(voting group)
☐ The amendment(s) was/were adopted be action was not required.	by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted be action was not required.	by the incorporators without shareholder action and shareholder
Dated 3/15	5/13
Signature	President or other officer – if directors or officers have not been
selected, by a	un incorporator – if in the hands of a receiver, trustee, or other court uciary by that fiduciary)
_2	Enrique Rodriguez (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	Virector
	(Title of person signing)