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09/04/12--01021--018 **35.00

DIVISION OF CORPORATION

Amend

SEP - 7 2012

T. BROWN

COVER LETTER

4

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: PROFESSION DOCUMENT NUMBER: P100000821		& DISCOUNT CO.
The enclosed Articles of Amendment and fee are so	ubmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
ANDRES W LOF	PEZ	
	Name of Contact Person	
THE TAX GROU		
	Firm/ Company	
8743 SW 9TH T	ERRACE SUITE	3
	Address	
MIAMI FL 33174		
	City/ State and Zip Code	
taxgrup@bellsouth.r	net	
	ised for future annual report	notification)
,		,
For further information concerning this matter, plea	ase call:	
ANDRES W LOPEZ	at (305_	223-4648
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	rtment of State:
\$35 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation of



PROFESSIONAL PHARMACY & DISCOUNT CO.

its Articles of Incorporation: A. If amending name, enter the new name of the corporation:	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(sits Articles of Incorporation: A. <u>If amending name, enter the new name of the corporation:</u>	
its Articles of Incorporation: A. If amending name, enter the new name of the corporation:	
A. If amending name, enter the new name of the corporation:	s) to
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 LAYVIER ZAROSA	5
934 SW 82ND AVE	
(Florida street address)	
New Registered Office Address: MIAMI , Florida 33144 (City) (Zip Code)	
(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	

Signature of New Registered Agent, if changing

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 = Trustec; 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> <u>Joh</u>	<u>n Doe</u>	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P,S	LAYVIER ZAROSA	934 SW 82ND AVE
Add			MIAMI FL 33144
Remove			•
2) Change	Р	LISSET PRIETO	934 SW 82ND AVE
Add	. 		MIAMI FL 33144
X Remove			
3) Change			
Add			
Remove			
4) Change		***	
Add			
Remove			
5) Change			
Add			
Remove			A4.00 (0.1)
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
ARTICLE IV-MUST BE CHANGED SHOWING LAYVIER ZAROSA				
OWNING 100% OF THE STOCK ISSUED				
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)				
N/A				

The date of each amendment(s) adoption: JULY 10,2012		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	lopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	lopted by the incorporators without shareholder action and shareholder	
Dated 🗶 🏖	8/ 07/10/2012	
At simple		
Signature (By a	director, president or other officer – if directors or officers have not been	
select	ed, by an incorporator - if in the hands of a receiver, trustee, or other court	
appoi	nted fiduciary by that fiduciary)	
	LAYVIER ZAROSA	
	(Typed or printed name of person signing)	
•	PRESIDENT	
	(Title of percon signing)	