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JACLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR		KO PHARMACY, INC.		
DOCUMENT NUMB	P110000	00299	<u> </u>	
		hadred for filing		
The enclosed Articles 6	of Amendment and fee are su	omitica for tiling.		
Please return all corresp	ondence concerning this ma	tter to the following:		
		LOUIS SITARAS		
-	Name of Contact Person			
	F	RANAKO PHARMACY.	INC.	
_		Firm/ Company		
	400	SOUTH DIXIE HIGHWA	Y, STE 17	
		Address		
_		LAKE WORTH, FL 33-	<del>16</del> ()	
		City/ State and Zip Cod	le	
	B	LHLOU@COMCAST.NI	er -	
	E-mail address: (to be u	sed for future annual report	notification)	
For further information	concerning this matter, plea-	se call:		
L.C	OUIS SITARAS	561 at (	818-8668	
Name o	f Contact Person		ode & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:	
□ \$35 Filing Fee	■\$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)	
	ing Address		Address	
	ndment Section	Amendment Section Division of Corporations		
Division of Corporations P.O. Box 6327		Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of FRANAKO PHARMACY, INC.

ently filed with the Florida Dept. of State	)	
00000299		
er of Corporation (if known)		
his Florida Profit Corporation adopts the f	following amendment(s) to	
	The new	
tion," "company," or "incorporated" of or "Co". A professional corporation name on "P.A."	r the abbreviation	
Not Applicable		
Not Applicable		
Not Applicable		
400 SOUTH DIXIE HIGHWAY	THE ST T	
STE 17	- 55% - F	
LAKE WORTH, FL 33460	2 E D	
ddress in Florida, enter the name of the ess:	LORIUA LORIUA	
LOUIS SITARAS		
5481 OLD MYSTIC DRIVE		
i street address)		
(City)		
	or of Corporation (if known)  inis Florida Profit Corporation adopts the factorian in the factorian profit Corporation adopts the factorian in "company," or "incorporated" or "Co". A professional corporation name in "P.A."  Not Applicable  Not Applicable  Not Applicable  Not Applicable  A00 SOUTH DIXIE HIGHWAY  STE 17  LAKE WORTH, FL 33460  ddress in Florida, enter the name of the tess:  LOUIS SITARAS  D MYSTIC DRIVE  Estreet address)  HIPITER  Florida	

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= 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	PT	John Doe			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>\$V</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) Change	PD	LOUIS SITARAS	400 SOUTH DIXIE HIGHWAY		
X Add			STE 17		
Remove			LAKE WORTH, FL 33460		
2) Change	S	KYEREMATEN-AFRANI, KWAMI	6115 REYNOLDS STREET		
Add			WEST PALM BEACH, FL 33411		
X					
3 ) Change	PD	BOATENG, KOFI A	616 CLEARWATER PARK		
Add			1 UNIT PH06		
X Remove			WEST PALM BEACH, FL 33401		
4) Change		_	<del>,</del>		
Add					
Remove					
5) Change					
Add					
Remove					
6) Change	<del></del>				
Add					
Remove					

(Attach addition	or adding additional Arrowal sheets, if necessary).	(Be specific)	COLLINIA.		
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This Section Not	Applicable				
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V If an amond	ent proyides for an exc	hungo pooluveition	tion on euroellatic	on of isonad chopse	
provisions fo	or implementing the amorphicable, indicate N/A)	endment if not con	tained in the amer	idment itself:	
This Section Not	Applicable				<u> </u>
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		·	<u>.                                    </u>		

• • •	· OCTOBER 26TH 2017	
The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.	Not Applicable	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<del></del>
<b>Note:</b> If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date w partment of State's records.	ill not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) efficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	Not Applicable	
	(voting group)	
The amendment(s) was/were addaction was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
	OCTOBER 26TH 2017	
Dated		
Signature 2	uis sitaren	
(By a d	irector, president or other officer – if directors or officers have not been	_
	d, by an incorporator – if in the hands of a receiver, trustee, or other court led fiduciary by that fiduciary)	
	LOUIS SITARAS	
	(Typed or printed name of person signing)	
	PRESIDENT / DIRECTOR	
	(Title of person signing)	