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(((H110001537373)))



H110001537373ABC

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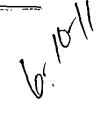
### JALVAREZ PHARMACY INC

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## H11000153737

#### ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF

JALVAREZ Pharmacy INC P11000003472

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FTRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

Directors shall now read as follows:

DELETE: LESVANY ValdES-Luis ADD: Juan Alvarez (P)

Juan ALVAREZ 5545 SW 8TH STREET SUITE 208 Miami FL 33134

SECOND: 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, are as follows.

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HIRD: The date of each amendment's adoption:
OURTH: Adoption of Amendment(s) (check one)
The amendment(s) was/were approved by the shareholders. The number of votes cas for the amendment(s) was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups.
The following statement must be separately for each voting group entitled to vote separately on each amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval by
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.
Signed this 09 day of June, 20 1.
Signature X Signature
(By the Chairman or Vice Chairman of the directors, President or other officer if adopted by the sharoholders)
OR (By a director if adopted by the directors)
OR (By an incorporator if adopted by the incorporators)
LESVANY ValdES-Luis Typed or printed name
Typed or printed name
President.

Having been named as registered agent and to accept service of process for the stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity.

Registered Agent Signature