P11000003412

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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: JAlavarez Pharmacy, Inc. P11000003472 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Carlos Trujillo Name of Contact Person Trujillo Vargas Ortiz & Gonzalez Firm/ Company 2103 Coral Way, Suite 602 Address Miami, FL 33145 City/ State and Zip Code Carlos@TrujilloVargas.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ${\rm at}\,(\frac{305}{\rm Area\,Code}\,\underbrace{\frac{631\text{-}2528}{\text{Daytime Telephone Number}}}$ Bridget Estefani Ortega Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Cony Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

JAIVarez Pharmacy, Inc.,	currently filed with the Flor	rida Dent, of State)		,	
P11000003472	arresty filed with the vior	Jua Dept. Vi Bente)			
(Document	Number of Corporation (if k	nown)			
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this Flo	ori da P rofit Co <mark>rporatio</mark>	n adopts the following	g amendment(s) to	a
A. If amending name, enter the new na	me of the corporation:				
				The new	
name must be distinguishable and conto "Corp" "Inc.," or Co.," or the designo word "chartered," "professional associat	ation "Corp," "Inc," or "Co	o". A professional cor			
B. Enter new principal office address, i (Principal office address MUST BE A ST				-	
				-	
C. Enter new mailing address, if applie (Mailing address MAY BE A POST (<u>.</u>	
				ina-	
D. If amending the registered agent an new registered agent and/or the new	d/or registered office addre	ss in Florida, enter the	name of the	-	
	Lisbeth Cordova				20
Name of New Registered Agent	483 N.W. 42ND	Δνοπιο		ည စ	300
	(Florida street		<u>.</u> .	3 @CT 17	* F
New Registered Office Address:	Miami	Fic	orida 33125	17	
	(City)		(Zip Code)	2	<u> </u>
New Registered Agent's Signature, if c	hanging Registered (Apent)			9: 2:5	37ATE
I hereby accept the appointment as regist		ith and accept the oblig	ations of the position.	3.	* *
	mustire CAMAN Ragistered As	gent, if changing			

Page 1 of 4

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 euch 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.

X Change	PT John	Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>sv</u> Sall	y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	DPST	Jesus Hernandez	483 N.W. 42ND Avenue
Add			Miami, FL 33126
Remove			
2) Change	DPST	Lisbeth Cordova	483 N.W. 42ND Avenue
√ Add			Miami, FL 33126
Remove			
3) Change			
Add	•		
Remove			
4) Change		,	
Add			
Remove			
5) Change	and the state of t		
Add			the state of the s
Remove			Provide translation of the second
6) Change			
Add			
Remove			

	ding additional Ai heets, if necessary). (Be specific	ć)		
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n amendment	t provides for an e	exchange, recla	assification, or co	incellation of iss	ued shares,
rovisions for in	mplementing the a	amendment if i	not contained in	the amendment	itself:
	cable, indicate N/A	2)			
ιη not applic					
уу погаррис					
ij noi applic			•		
(if not applie			`		
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The date of each amendment(s) adoption: October 15, 2013	_, if other than the
date this document was signed.	
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 east 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	
Signature (By a director president of other officer – if directors or officers have not been	_
selected by an independent - if in the hands of a receiver, trustee, or other court appointed fiductary by that fiduciary)	
(Typed or printed name of person signing)	_
President (Title of nerson signing)	