P11000012469

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DIVISION OF CORPORATION

12 JUL -9 PM 3: 36

Amend

JUL 1 2 2012

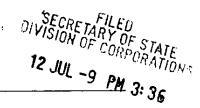
T. BROWN

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: WEST OK	EECHOBEE PH	ARMACY INC
DOCUMENT NUMBER: P1100001246		
The enclosed Articles of Amendment and fee are so	ubmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
MARGARITA AL	MORA	
	Name of Contact Person	n
WEST OKEECH	OBEE PHARM	ACY INC
	Firm/ Company	
1535 WEST OKE	EECHOBEE RD	
	Address	
HIALEAH, FL 33	010	
	City/ State and Zip Cod	e
WESTOCKPHARMA	ACY@YAHOO.C	OM
	sed for future annual report	
•		
For further information concerning this matter, plea	se call:	
MARGARITA ALMORA	_{at (} 786	, 558-9150
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment 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 on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of



WEST OKEECHOBEE PHARMACY INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P11000012469
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:

			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associated	nation "Corp," "Inc," or "Co".	A professional corpor	orated" or the abbreviation ation name must contain the
B. Enter new principal office address, (Principal office address MUST BE A S			
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			·
D. If amending the registered agent as	 _ ud/or registered office address i	n Florida, enter the na	me of the
new registered agent and/or the ne		•	•
Name of New Registered Agent	MARGARITA ALM	ORA	_
	1535 WEST OKEE	CHOBEE RD	
	(Florida street ad		-
New Registered Office Address:	HIALEAH	, Florida	33010
	(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 = 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 <math>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>	<u>Addres</u> s
1) Change Add Remove	<u>Р</u>	LAZARA O DIAZ	1340 W 4TH CT HIALEAH, FL 33010
2) X Change Add Remove	Р	MARGARITA ALMORA	1535 WEST OKEECHOBEE RD HIALEAH, FL 33010
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

amending or adding additional Artic ttach additional sheets, if necessary).	(Be specific)
•	
<u> </u>	
-	
an amendment provides for an exchorovisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(ij noi applicable, malcale WA)	

The date of each amendmen	t(s) adoption: 06 21 2012
Effective date <u>if applicable</u> :	06[21[2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/wei by the shareholders was/wei	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
☐ The amendment(s) was/wei must be separately provide	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):
"The number of votes	s cast for the amendment(s) was/were sufficient for approval
by	(voting group)
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder
Dated_ 06 []	21[2012
(B	Magaila Umba By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)
	MARGARITA ALMORA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)