P.11000014916

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COVER LETTER

TO: Amendment Section

Division of Corpora	ntions	¢	
NAME OF CORPORA	TION: Bx	Pharmaey In	C
DOCUMENT NUMBE	R:P11	000014916	
The enclosed Articles of	'Amendment and fee a	re submitted for filing.	
Please return all correspo	ondence concerning thi	s matter to the following:	
	Ur:	SULA V. Hernar Jame of Contact Person	idez_
	Bx	Pharmacy In Firm/Company	<u>c</u>
	7664	NW 186 St Address	
	<u>Miami</u>	F1 33015 ity/ State and Zip Code	
	Bastyan C E-mail address: (to be used	MSN.LWM d for future annual report notification)	
For further information c	oncerning this matter,	please call:	
Ur Sula V Name of Con	Hernandez tact Person	at (<u>305</u>) <u>331</u> 9 Area Code & Daytime Tele	ephone Number
		ade payable to the Florida Depart	
	\$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)
Mailing Address Amendment Sect		Street Address Amendment Section	
	• • • •	Division of Corporations	
Division of Corporations P.O. Box 6327		Clifton Building	
Tallahassee. FL 32314		2661 Executive Center Circle	2

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation rmacy (Name of Corporation as currently filed with the Florida Dept. of State) 000014910 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: 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: New Registered Office Address: (Florida street address) , Florida (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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
Vρ	Hernandez, Reybel	19705 NW 83PL HIGIEGHFI 33015	Add Remove
			☐ Add☐ Remove
			Add Remove
	nendment provides for an exchange, re		
(if n	ot applicable, indicate N/A) N A		
~			

The date of each amendment(s	s) adoption:
	(date of adoption is required)
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/wer	e adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
(voting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated	8-31-11
Signature(By a	director, president or other officer – if directors or officers have not been
select	ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Ursula V. Hernandez (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	(Title of person signing)