

06/23/2011

08:46

3052201440

LAZARUS

PAGE 01/05

https://eml.sunbiz.org/scripts/emlcover.exe

P11000018489

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000163257 3)))



H110001632573ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : 120000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

11 JUN 23 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
ONE FAMILY PHARMACY INC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

**SECOND REQUEST
PLEASE RESEND**

FILED
11 JUN 23 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Amend.
Tlew's
6/23/11*

Electronic Filing Menu

Corporate Filing Menu

Help

05/23/2011 08:44

3052201440

LAZARUS

PAGE 02/05

850-817-6381

6/23/2011 9:21:30 AM

PAGE

1/001

Fax Server



June 23, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ONE FAMILY PHARMACY INC
495 BRICKELL AVE
APT. 2705
MIAMI, FL 33131

SUBJECT: ONE FAMILY PHARMACY INC
REF: P11000018489

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

There is no comma or period in the name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

FAX Aud. #: H11000163257
Letter Number: 411A00015216

06/23/2011 08:44

3052201440

LAZARUS

PAGE 03/05

850-617-8381

6/22/2011 3:01:19 PM PAGE

1/001

Fax Server



June 22, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ONE FAMILY PHARMACY INC
495 BRICKELL AVE
APT. 2705
MIAMI, FL 33131

SUBJECT: ONE FAMILY PHARMACY INC
REF: P11000018489

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

Section 607.0120(4), 617.01201, or 608.4081, Florida Statutes, requires all corporate documents to be typewritten or printed in ink.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain
Regulatory Specialist II

FAX Aud. #: H11000163257
Letter Number: 511A00015182

FILED

11 JUN 23 AM 10:24

H 1 1 0 0 0 1 6 3 2 5 7
ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ONE Family Pharmacy INC
P110000018489
(PRESENT NAME OF CORPORATION)

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:

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

Directors shall now read as follows:

DELETE: SERGIO BORROTO

ADD: MARIA TERESA GUERRERO (P)

New Registered Agent

MARIA TERESA GUERRERO
495 BRICKELL AVE APT. 2705
Miami FL 33131

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.

H 1 1 0 0 0 1 6 3 2 5 7

H 11000163257

THIRD: The date of each amendment's adoption: 6/20/11

FOURTH: Adoption of Amendment(s) (check one)

☒ The amendment(s) was/were approved by the shareholders. The number of votes cast 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 _____"
(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.Signed this 20 day of June, 20 11.

Signature

(By the Chairman or Vice Chairman of the directors,
President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

Sergio Borroto

Typed or printed name

President

Title

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.

[Signature]
Registered Agent Signature

H 11000163257