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R. WHITE.

JAN 09 2020

### **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: CHOICE MEDS USA  DOCUMENT NUMBER: PI/0002166
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Swatantra Robatgi Name of Contact Person
Smart RX Systems, Inc
18946 N. Jale mabry Huy Suite 100
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Swatantra Robatai at 813 340-4423 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)

## Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

### **Articles of Amendment**

to

# Articles of Incorporation

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Choice meds 1	15A - 2019 P. 1 2: 1,3
(Name of Corporation as currently	filed with the Florida Dept. of State)
PILOOOQ I	Corporation (if known)
·	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NIA	The new
name must be distinguishable and contain the word "corporation," "c" Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.,"  professional corporation name must contain the word
B. Enter new principal office address, if applicable:	NIA
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	18946 N. Dalemabry Hwy. Suite 102
	Suite 102
	Lutz, FL 33548
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	
Name of New Registered AgentN A	
<u>name of the Wilson Country of the C</u>	
(Florida stre	pet address)
N n ' Jor All .	121a - i da
New Registered Office 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 w	
т поголу иссерстве прротивнени из гезимется изени. Тит јитиат ж	an and accept the obligations of the position.
Signature of New Re	gistered Agent, if changing

address of each O (Attach additional Please note the offi P = President; V= Executive Officer; President, Treasur, Changes should be	fficer and/or D sheets, if necess, icer/director title Vice President, CFO = Chief Fi. er, Director wou noted in the fol nes leaves the co	irector bary)  e by the fi  T= Trea  nancial G  dd be PT  lowing m  orporation	eing added: irst letter of the office title: asurer; S= Secretary; D= Director; TR= Tri Officer. If an officer/director holds more than iD. anner. Currently John Doe is listed as the P. n, Sally Smith is named the V and S. These sh SV as an Add.	irector being removed and title, name, and ustee; C = Chairman or Clerk; CEO = Chief one title, list the first letter of each office held.  ST and Mike Jones is listed as the V. There is hould be noted as John Doe, PT as a Change,
X Remove	$\underline{\mathbf{V}}$	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	PS_	7	Mathow, Sardeep	
Add				
X Remove				
2) Change	FOUNT	LER	Mathow, Sandeep	
_X_ Add				
Remove Change	DIRECT	ior T	Rohatgi, Swatantra	
Add				
_X_ Remove				
4) Change	PRESID	ENT	Robatgi, Swatantra	
_X Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				<u></u>
			Page 2 of 4	
E. If amending or (Attach addition			cles, enter change(s) here: (Be specific)	

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provisions for implementing the amendment is (if not applicable, indicate N/A)	f not contained in the amendment itself:	
		<u> </u>
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	··	<del></del>
	Page 3 of 4	
	<u> </u>	, if other than th
date this document was signed.		
Effective date <u>if applicable</u> :		
(no	more than 90 days after amendment file date)	

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.				
	by the shareholders through voting groups. The following statement of the group entitled to vote separately on the amendment(s):			
"The number of votes cast for the	amendment(s) was/were sufficient for approval			
by	(voting group)			
	(voting group)			
action was not required.	the board of directors without shareholder action and shareholder			
action was not required.	the incorporators without shareholder action and shareholder			
Dated Nov 2.	5,2019			
Signature SHAT	ANTRA ROHATGI			
(By a director, selected, by an	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court ciary by that fiduciary)			
ے_	SWATANTRA ROHATG			
	(Typed or printed name of person signing)			
	PRESIDENT			
(Title o	f person signing)			