P11000033740

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SECRETARY OF STATE
TALL AHASSEE FLORIO

WAR 0 8 2012 T. ROBERTS

COVER LETTER

Division of Corporations
NAME OF CORPORATION: ANDY'S PHARMACY & DISCOUNT, INCOMENT NUMBER: P1100033840
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Raisa Erice Name of Contact Person Andy's Pharmacy & Discount, Inc Firm Company 4315 NW 7 Street, Suite 15 Address Miami, F1. 33126 City/ State and Zip Code City/ State and Zip Code E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Raisa Erice at (786) 523 - 8114 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 Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed) \$52.50 Filing Fee & Certified Copy (Additional Copy is enclosed)

TO: Amendment Section

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

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of A	mendment pro-
to	
Articles of Inc	
	MAR-2 DI
(Name of Cornoration as currently filed with the F	12 HAR -2 PH 1: 38
To a color and a seutrenty med with mer	ALLAHASSES OF STATE
(Document Number of Corporation (iii	12 MAR -2 PM 1: 38 lorida Dept. of State) TALLAHASSEE FLORIDA f known)
(Document Number of Corporation (in	i kilowii)
Pursuant to the provisions of section 607.1006, Florida Statutes, this attaches of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
<u> </u>	Discount, INC The new
name must be distinguishable and contain the word "corporation	
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "c	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 <u>MUST BE A STREET ADDRESS</u>)	4315 NW 75+ SULE 15
	1010 NID 7 CM
	MIAMI, F1 33126
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	4315 NW 45! Suite 16
	11:000; F1 33:010
	Miami, Fl 33126
D. If amending the registered agent and/or registered office addr	
new registered agent and/or the new registered office address:	<u>.</u>
Name of New Registered Agent Kalsa F	rice
4315 NW	1 75 Suite 15
May Posistand Office Address Vice 201	Fig. 13217/4
New Registered Office Address: Miamil	, Florida(Zip Code)
•	• •
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent; I am familiar w	vith and accept the obligations of the position.
Signature of New Registered A	gent, 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 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> <u>.</u>	John Doe				
X Remove	<u>v</u>	Mike Jones				
_X Add	<u>sv</u> <u>s</u>	Sally Smith				
Type of Action (Check One)	Title	Name		Addres	g s	
Change Add Remove	<u>f</u> _	Onay G	Sarcia-Aegud	PiN	8039 SW Miami, Fi	50 Av6 33193
2) Change Add Remove		-				
3) Change Add Remove						
4) Change Add Remove						_
5) Change Add Remove						
6) Change Add Remove						

(attach addition	adding additional Artinal sheets, if necessary).	(Be specific)	<u>(s) here</u> :		
					
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<u>. </u>				<u> </u>	
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<u>.</u>			<u></u>		
					
provisions for	nt provides for an exch implementing the amer licable, indicate N/A)	ange, reclassificat adment if not cont	ion, or cancellatio ained in the amen	n of issued shares dment itself:	<u>i.</u>
.					
					<u></u>
	- 				
·-·					

The date of each amendment(s) adoption:	February 39, 2017
Effective date if applicable:	9
(no	more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK	CONE)
☐ The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appro	holders. The number of votes cast for the amendment(s) val.
	reholders through voting groups. The following statement p entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment	nt(s) was/were sufficient for approval
by	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(voting g	roup)
action was not required. The amendment(s) was/were adopted by the incor	of directors without shareholder action and shareholder porators without shareholder action and shareholder
Dated 02/29/2012 Signature	· · · · · · · · · · · · · · · · · · ·
(By a director, president	or other officer – if directors or officers have not been stor – if in the hands of a receiver, trustee, or other court nat fiduciary)
Ro	isa Brice
(Type	d or printed name of person signing)
Princ	ipal President tle of person signing)