P11000066276

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APR 14-2015
T. LEMIEUX

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: My Health	South Pharmacy	, Inc.		
	_{ER:} P1100006627				
	of Amendment and fee are su				
Please return all corres	pondence concerning this ma	tter to the following:			
	Vince Sammarco				
-	Name of Contact Person				
-		Firm/ Company			
_	2100 Coral Way,	#603			
		Address			
_	Miami, FL 33145				
		City/ State and Zip Code	e		
vino	e@machcg.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
Vince Samma	arco	at (305	, 858-1290		
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	□\$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 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 Amendment to Articles of Incorporation of

My Health South Pharmacy	/, Inc.			
(Name of Corporation as cur	rently filed with the Flo	rida Dept. of State)	-
P11000066276	1 60 4 461			-
(Document Ni	ımber of Corporation (if l	known)		
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	5, Florida Statutes, this <i>F</i>	lorida Profit Corpor	ration adopts the followin	g amendment(s) to
A. If amending name, enter the new name	of the corporation:			
				_The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,	n "Corp," "Inc," or "C	o". A professional		
B. Enter new principal office address, if ap (Principal office address <u>MUST BE A STRE</u>				-
				-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2100 Coral		
<u> </u>		Suite #603		-
		Miami, FL 3	33145	-
D. If amending the registered agent and/or new registered agent and/or the new res		ss in Florida, enter	the name of the	
Name of New Registered Agent Fr	ancis X. Suare:	z, Esq.		
17	750 Coral Way,	2nd Floor		5
	(Florida stree	t address)		1
New Registered Office Address:	iami		Florida 33145	3 100
	(City)		(Zip Code)	三 多
New Registered Agent's Signature, if change I hereby accept the appointment as registered	ting Registered Agent: ageni. I am familiar wi	th and accept the ob	ligations of the position.	
	- / O			
signati	ure of New Registered Ag	eni, ij 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.

X Change	<u>PT</u>	John Doe				
X Remove	$\underline{\mathbf{V}}$	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	VP	Lazaro Martinez				
Add						
Remove						
2) Change	D	Sandra Maciel	2100 Coral Way			
Add			#603			
Remove			Miami, FL 33145			
3) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change			<u> </u>			
Add						
Remove						
6) Change						
Add						
Remove						

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)						
(,,. (220)	, , , ,			
					•	
					,	
	•					**
		_				
	-					
If an amen	dment provides for s for implementing t	an exchange, r	eclassification	<u>, or cancellatio</u>	on of issued sha	res.
(if noi	t applicable, indicate	N/A)	i ii noi comam	eu m me amei	idinem usen.	
		·				
 						
	e and					

The date of each amendment(s) ad date this document was signed.	option:	_, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	-
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopty the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast t	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated April 3, 2	2014	
		_
	rector, president or other officer – if directors or officers have not been	
	by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
• •	Sandra Maciel (Typed or printed name of person signing)	_
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	