P11000073476

(Re	equestor's Name)		
(Ad	ldress)		
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(Ci	ty/State/Zip/Phone	<u>-</u> т	
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SECRETARY OF STATE
ONVISION OF CORPORATION

C. LEVINS
JUN 2 6 2014
EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: CRUZ PHA	ARMACY CORP		
DOCUMENT NUM	P1100007347	6		
	s of Amendment and fee are su			
Please return all corre	espondence concerning this ma	tter to the following:		
	ARIANE MOYA			
		Name of Contact Person	1	
	CRUZ PHARMA	CY CORP		
		Firm/ Company		
	8590 NW 3 ST			
		Address		
	MIAMI, FL 33126	5		
		City/ State and Zip Cod	e	
	Parallellar (A. Lare			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
ARIANE MO)YA	_{at (} 305	, <u>457-9818</u>	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check f	or 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)	
<u>M</u> :	ailing Address		<u>Address</u>	
Amendment Section		Amendment Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS

CRUZ PHARMACY CORP

14 JUN 16 PM 4: 14

(Name of Corporation as currently filed with the I	Florida Dept. of State)
P11000073476	
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or ' word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	8590 NW 3 ST
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33126
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8590 NW 3 ST
(MIAMI, FL 33126
D. If amending the registered agent and/or registered office add	
new registered agent and/or the new registered office addres Name of New Registered Agent N/A	<u>s:</u>
(Florida st	reet address)
New Registered Office Address:	, Florida
(City)	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
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)

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>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
Kemove			
6) Change			
Add			
Remove			

E. If amending or adding additional Art (Attach additional sheets, if necessary).	icles, enter change(s) (Be specific)	here:		
N/A	, , , , ,			
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F. If an amendment provides for an excl	nange, reclassificatio	n, or cancellation o	f issued shares.	
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contai	ned in the amendm	ent itself:	
N/A				
				

, if other than the The date of each amendment(s) adoption: _ date this document was signed. 14 JUN 16 PM 4: 14 Effective date if applicable: (no more than 90 days after amendment file date) 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. The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval (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. Signature X (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) ARIANE MOYA (Typed or printed name of person signing) PRESIDENT (Title of person signing)