P11000078657

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April.
09-25-12
DC

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CAPITAL P	HARMACY AND	DISCOUNT, INC		
DOCUMENT NUMBER: P11000078	657			
The enclosed Articles of Amendment and fee are sul	bmitted for filing.			
Please return all correspondence concerning this mat	tter to the following:			
HECTOR ANZAR	RDO			
	Name of Contact Person	1		
CAPITAL PHARM		COUNT, INC		
	Firm/ Company			
5554 SW 8TH ST	REET			
	Address			
MIAMI, FL 33134	·			
	City/ State and Zip Code	8		
capitalpharmacy@gmail.com				
E-mail address: (to be us	ed for future annual report	notification)		
For further information concerning this matter, pleas	e call:			
HECTOR ANZARDO	at (786	, 306-5352		
Name of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount made p	payable to the Florida Depa	urtment of State:		
\$35 Filing Fee \$\text{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 Articles of Incorporation

CAPITAL PHARMACY AND DISCOUNT, INC.

CAPITAL PHARMACY AND DISCOUNT, INC.

	Articles of An	nendment		
•	to Articles of Inco	orporation	٠.	a to with
	of	-		
CAPITAL PHARMACY	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
\ <u>-</u>	s currently filed with the FI		<u>te</u>)	
CAPITAL PHARMACY A	nt Number of Corporation (if			
Pursuant to the provisions of section 607 ts Articles of Incorporation:	•	·	oration adopts the follow	ving amendment(s) to
. If amending name, enter the new n	ame of the corporation:			
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	Co". A professione		
s. <u>Enter new principal office address,</u> Principal office address <u>MUST BE A S</u>				<u> </u>
. Enter new mailing address, if appl (Mailing address MAY BE A POST				_
. If amending the registered agent an new registered agent and/or the new			er the name of the	
Name of New Registered Agent	YOCIS NUNEZ			
Name of New Registered Agent	5554 SW 8TH S	TREET		
	(Florida stre			
New Registered Office Address:	MIAMI		, Florida 33134	<u></u>
	(City)		(Zip Code)	
New Registered Agent's Signature, if c hereby accept the appointment as regist		ith and accept the	obligations of the positio	r.
поссој иссерсте ирронитет из гедин	or ou agoin. I din junitidi W.		originoing of the position	••
Si	gnature of New Registered Ag	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> J	John Doe	
X Remove	<u>v</u> <u>n</u>	Mike Jones	
X Add	<u>sv</u> s	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	PT	YOCIS NUNEZ	5554 SW 8TH ST.
X Add			MIAMI, FL 33134
Remove			
2) X Change	. <u>V</u>	HECTOR ANZARDO	5554 SW 8TH ST.
Add			MIAMI, FL 33134
Remove			
3) Change			
Add			
Remove			
4) Change			·
Add	•		
Remove			
5) Change	<u></u>		
Add			
Remove			
6) Change			
Add	,		
Remove			

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		<u> </u>	
amendment provides for an excha	ange, reclassificatio	n, or cancellation of	iccued charec
visions for implementing the amen (if not applicable, indicate N/A)	dment if not conta	ned in the amendm	ent itself:
	·		
			
			

The date of each amendment(s) adoption: U9/10/2012
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
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.
Dated 09/10/2012
Signature / / / / / / / / / / / / / / / / / / /
(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)
Hector Anzardo
(Typed or printed name of person signing)
President
(Title of person signing)