## P11000093731

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: New Life Co	ommunity Pharn	nacy, Inc.		
DOCUMENT NUMBER: P1100009373	1			
The enclosed Articles of Amendment and fee are sub	omitted for filing.			
Please return all correspondence concerning this mat	ter to the following:			
Juan Carlos Corre	ea			
	Name of Contact Person	<u> </u>		
New Life Commu	nity Pharmacy, I	lnc.		
Firm/ Company				
3032 NW 7 Aveni	ue			
	Address			
Miami, FL 33127				
	City/ State and Zip Code	2		
newlifecommunitypha	armacy@yahoo.	com		
E-mail address: (to be us	ed for future annual report	notification)		
For further information concerning this matter, pleas	e call:			
Juan Carlos Correa	at (786	_ <sub>)</sub> 451-2803		
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	rtment of State:		
■ \$35 Filing Fee	□\$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	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle assee, FL 32301		

## Articles of Amendment to Articles of Incorporation

articles of Incorporation
of

New Life Community Pharmacy Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P11000093731 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Juan Carlos Correa Name of New Registered Agent 3032 NW 7 Avenue (Florida street address) , Florida 33127 Miami New Registered Office Address: (City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as reassered agent. I am familiar with and accept the obligations of the position.

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 <math>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	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	DPS	Juan Carlos Correa	3032 NW 7 Avenue
Add			Miami, FL 33127
Remove			
2) Change	DPS	Perdomo, Arles	3032 NW 7 Avenue
Add			Miami, FL 33127
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) L Change			
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)
	N/A
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	N/A

The date of each amendment(s) adoption: December 19, 2013	, if other than the
date this document was signed.	
Effective date if applicable: December 19, 2013	
(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 December 19, 2013	
Signature Olling (Control of the Control of the Con	_
(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)	
Juan Carlos Correa	
(Typed or printed name of person signing)	_
President	
(Title of person signing)	<del></del>