P12-000002684

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** SECRETARY OF STATE

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JAN 21 2016

C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations Davie Road Pharmacy Inc. NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **Zachary Soto** Name of Contact Person Davie Road Pharmacy Inc. Firm/ Company 6477 Stirling Road Address Davie, Florida 33314 City/ State and Zip Code davieroadpharmacy@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (P54) 791-0161

Area Code & Daytime Telephone Number Zachary Soto Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **■**\$43.75 Filing Fee & □ \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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

Davie Road Pharmacy Inc.				
(Name of Corpora	ation as currently f	led with the Florida Dept. of Stat	<u>e</u>)	
P12000002684				
(Docu	cument Number of Co	orporation (if known)		
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	rida Statutes, this <i>Flo</i>	orida Profit Corporation adopts the	following amendment(s)) to
A. If amending name, enter the new name of the	corporation:			
			The new	
name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or the	orp," "Inc," or "Co	". A professional corporation nar	or the abbreviation ne must contain the	Bergin (
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		Pharmacy Holding, LLC	29 ARY SSE	<u></u>
		850 New Burton Road, Suite# 201	2	
		Dover, Delaware 19904	9. 2. PAIE	٠
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>BOX</u>)			
D. If amending the registered agent and/or registered new registered agent and/or the new registered. Mayling of New Registered Agent Agent.		s in Florida, enter the name of the		
Name of New Registered Agent 6477 Stirl	rling Road			
0477 31111	(Florida street	address)	-	
New Registered Office Address:	(1 10) 1114 1117 001	_ , Florida	33314	
new negatered Office Address.	(C		(Zip Code)	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent.		n and accept the obligations of the p	oosition.	

Standure 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	<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	PST	Ali I. Mohammed	11021 NW 40th Street
Add X Remove			Sunrise, Florida 33351
2) Change	P	Pharmacy Holding, LLC	850 New Burton Road
X Add			Suite# 201
Remove			Dover, Delaware 19904
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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

The date of each amendment(s) add	ption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blodocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this datastrment of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suf	ted by the shareholders. The number of votes cast for the amendment(s icient for approval.)
	oved by the shareholders through voting groups. The following stateme ach voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adoptaction was not required.	ted by the board of directors without shareholder action and shareholde	r
☐ The amendment(s) was/were adoptaction was not required.	ted by the incorporators without shareholder action and shareholder	
January 18, 2 Dated	2016	
Signature	Dely A	
selected	ector, perident or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other cour d fiduciary by that fiduciary)	t
2	Zachary Soto	
-	(Typed or printed name of person signing)	<u>_</u>
Į.	rinciple	

(Title of person signing)