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(Only, Onlots, 2, p.). No is any
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	CHOICE	PHARMACY:	#002 IN C
DOCUMENT NUMBER:	100001	8336	
The enclosed Articles of Amendmen	and fee are submi	tted for filing.	
Please return all correspondence con-	erning this matter	to the following:	
	JOSE L	A LOOKARAN Name of Contact Person	CPA
-	:	Name of Contact Person	
	LAZAAR	ASSOCIATES Firm/ Company	LLC
		Firm/ Company	
1	38 HATE	CHER LOOP D Address	A)VE
		Address	
	BRAND	ON FL City/ State and Zip Code	33511
	(City/ State and Zip Code	_
- Joan Sphail ad	Lookana dress: (to be used	m 10 velus for future annual report no	m. nel- otification)
For further information concerning the	is matter, please co	all:	
Jose L ALOD Name of Contact Pers	KARAN on	at (<u>6/3</u> Area Code	571-3358 & Daytime Telephone Number
Enclosed is a check for the following	amount made pays	able to the Florida Depart	ment of State:
		Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy
CHK# 1019 DATED	1 JI Augus	T2018 6x \$43.	3 s enclosed)
Mailing Address Amendment Section Division of Corpor P.O. Box 6327	n ations	<u>Street A</u> Amendm Division Clifton E	ddress nent Section of Corporations Building
Tallahassee, FL 32	.) [-]	2001 EXC	ecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation

FILED

2018 AUG 22 PM 1:55

CHOICE PHARMACY # 002 NC CUID AUG CZ PM 1:55

(Name of Corporation as currently filed with the Florida Dep Entrate ARY OF STATE TALLAHASSEE, FL

Corporation (if known)	
	•	
Iorida Profit Corpora	tion adopts the fo	ollowing amendment(s) to
110		
n," "company," or "i Co". A professional c P.A."	ncorporated" or corporation name	the abbreviation must contain the
ess in Florida, enter t	he name of the	<u> </u>
R I		
ONS AVE SU Del address)	DITE C	BRONDINFL
10.4	Florido	2 \$ ← 11
(City)	, riorida_	(Zip Code)
	ess in Florida, enter to the address of the state of the	ess in Florida, enter the name of the

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.

Proceeds as Neme	we, and buny bin	m, sr us un nua,	
Example: XChange	<u>PT</u> John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	<u>e Jones</u>	
X Add	<u>SV</u> Sally	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP/D	KAINTH PARVINDER	2846 BROADWAY CENTER BLVE
Add Remove	,		BRANDON FL-33510
2) Change			<u>, , , , , , , , , , , , , , , , , , , </u>
Add			
Remove			
3) Change			
Remove			
4) Change			
Add			
Remove			
5) Change Add			
Remove			
6) Change			
Add			
Remove			

	ing additional Articles, neets, if necessary). (Be	specific)	<u></u> .		
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f an amendment p	rovides for an exchange	, reclassification,	or cancellation of is	sued shares,	
provisions for imp	lementing the amendme	ent if not containe	l in the amendmen	t itself:	
(if not applica	ble, indicate N/A)				
					

The date of each amendment(s) ac	doption:	06/12/2	0/8	, if other than the
late this document was signed.	•	, ,		
Effective date <u>if applicable</u> :				
·	(no more	e than 90 days after amen	dment file date)	
Note: If the date inserted in this blocument's effective date on the De			ing requirements, this dat	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ON</u>	<u>E</u>)		
The amendment(s) was/were add by the shareholders was/were su		ers. The number of votes	cast for the amendment(s)
☐ The amendment(s) was/were app must be separately provided for				nt .
"The number of votes cast	for the amendment(s) v	was/were sufficient for ap	proval	
by	(voting group)			
	(voting group))		
The amendment(s) was/were add action was not required.	opted by the board of di	lirectors without sharehold	ier action and shareholde	г
☐ The amendment(s) was/were add action was not required.	opted by the incorporate	tors without shareholder a	ction and shareholder	
Dated	T August	2018		
Signature	1 Cm	\sim		
(By a d	lirector, president or oth	her officer - if directors of		
	d, by an incorporator – ited fiduciary by that fid		ver, trustee, or other court	t
	THOM	AS, ABI	gning)	
		,		
	PRE	TSIDENT D	RECTOR	
		(Title of person signing)	