

P12000054642

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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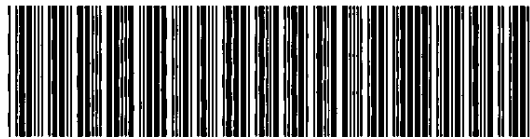
(Business Entity Name)

(Document Number)

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FILED  
12 AUG 27 AM 9:05  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

AUG 30 2012  
T. ROBERTS

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Fill-A-Script Pharmacy, Inc.  
DOCUMENT NUMBER: P12000054642

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Roberto Roman  
Name of Contact Person  
Fill-A-Script Pharmacy, Inc.  
Firm/ Company  
2500 SW 107th Ave #30  
Address  
Miami, FL 33165  
City/ State and Zip Code  
fillascriptpharmacy@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roberto Roman at (305) 717-8863  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

**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

Fill-A-Script Pharmacy, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P12000054642

(Document Number of Corporation (if known))

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TALLAHASSEE FLORIDA

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:

The new 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."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(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:

Name of New Registered Agent

Roberto Roman

2500 SW 107th Ave. #30

(Florida street address)

New Registered Office Address:

Miami

(City)

Florida

33165

(Zip Code)

to correct  
zip code

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

I hereby accept the appointment as registered 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 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                      PT      John Doe

X Remove                     V        Mike Jones

X Add                         SV      Sally Smith

Type of Action  
(Check One)

Title

Name

Address

- |   |          |                     |                        |
|---|----------|---------------------|------------------------|
| 1) <input type="checkbox"/> Change      | <u>S</u> | <u>Darlin Roman</u> | <u>5990 SW 7st.</u>    |
| <input checked="" type="checkbox"/> Add |          |                     | <u>Miami, FL 33144</u> |
| <input type="checkbox"/> Remove         |          |                     |                        |
|   |          |                     |                        |
| 2) <input type="checkbox"/> Change      | _____    | _____               | _____                  |
| <input type="checkbox"/> Add            |          |                     | _____                  |
| <input type="checkbox"/> Remove         |          |                     | _____                  |
|   |          |                     |                        |
| 3) <input type="checkbox"/> Change      | _____    | _____               | _____                  |
| <input type="checkbox"/> Add            |          |                     | _____                  |
| <input type="checkbox"/> Remove         |          |                     | _____                  |
|   |          |                     |                        |
| 4) <input type="checkbox"/> Change      | _____    | _____               | _____                  |
| <input type="checkbox"/> Add            |          |                     | _____                  |
| <input type="checkbox"/> Remove         |          |                     | _____                  |
|   |          |                     |                        |
| 5) <input type="checkbox"/> Change      | _____    | _____               | _____                  |
| <input type="checkbox"/> Add            |          |                     | _____                  |
| <input type="checkbox"/> Remove         |          |                     | _____                  |
|   |          |                     |                        |
| 6) <input type="checkbox"/> Change      | _____    | _____               | _____                  |
| <input type="checkbox"/> Add            |          |                     | _____                  |
| <input type="checkbox"/> Remove         |          |                     | _____                  |

**E. If amending or adding additional Articles, enter change(s) here:**

(Attach additional sheets, if necessary). (Be specific)

[illegible]

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

(if not applicable, indicate N/A)

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The date of each amendment(s) adoption: \_\_\_\_\_

8-17-12

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

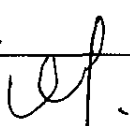
by \_\_\_\_\_."  
(voting group)

- ☐ 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

8/17/12

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)

Roberto Roman

(Typed or printed name of person signing)

President

(Title of person signing)