P/200068884

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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: EXPRESS RX PHARMACY INC DOCUMENT NUMBER: P12000068884 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Michael Gonzalez Name of Contact Person Express RX Pharmacy Inc. Firm/ Company 3421 S.W. 8th Street Address Miami, Florida 33135 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michael Gonzalez Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & ■ \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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EAT RESS RATIONALITY INC	
	is currently filed with the Florida Dept. of State)
P12000068884	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statis Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	ration:
	The second
	The new corporation," "company," or "incorporated" or the abbreviation [Inc," or "Co". A professional corporation name must contain the reviation "P.A."
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRE	<u>SS</u>)
	SECRE TALL
C. Enter new mailing address, if applicable:	N/A
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	Sc > M
	<u> </u>
D. If amending the registered agent and/or registered onew registered agent and/or the new registered officers.	
Name of New Registered Agent N/A	
Name of New Registered Agent	
	(Florida street address)
	(rioriau sireci augress)
New Registered Office Address:	, Florida (City) (Zip Code)
	(Elp Colle)
New Registered Agent's Signature, if changing Registe	
I hereby accept the appointment as registered agent. I an	n familiar with and accept the obligations of the position.
Signatur	er of New Registered Agent it 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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
<u>X</u> Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VP		Estela Maria Trimino	3421 S.W. 8th Street
XXX Add			-	Miami, Florida 33135
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				-
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

<u>If am</u> (Attac	ending or adding additiona A additional sheets, if necess	d Articles, enter change ary). (Be specific)	(s) here:		
7/A					
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i. <u>If ai</u>	n amendment provides for :	an exchange, reclassific	ation, or cancellatio	on of issued shares,	
pro	ovisions for implemen <u>ting t</u>	<u>he amendment it not co</u>	ntained in the amer	ioment itsen:	
	(if not applicable, indicate	MA)			
N/A					
				<u> </u>	
					_
			·		

	October 19, 2018	
The date of each amendment(s) addate this document was signed.	loption:	, if other than the
Effective date if applicable:	<u></u>	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendmen flicient for approval.	t(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareho	lder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
October 1	· · = · · · · /	
Dated		
Signature	irector besident or other officer - if directors or officers have not bee	
(15y a C	d, by an incorporator – if in the hands of a receiver, trustee, or other co	II Surt
	ted fiduciary by that fiduciary)	· tti t
	MICHAEL GONZALEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	