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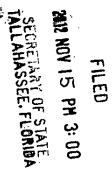
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POP 110/17

COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: ELITE Care Pharmacy Corp. DOCUMENT NUMBER: P1200089064
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following: Name of Contact Person
Firm/ Company 1911 NW 33 CT Address City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jeanne Rodriguez at (954) 6350397 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Artic	eles of Amendment	x/-ñ/Cfl
A #ticle	to es of Incorporation	FILED
ELite. Care Pha	emacy C	OTTER NOV 15 PM 3: 00
Name of Corporation as currently filed wi	th the Florida Dept. of State)	SECRETARISEE. FLORIBA
(Document Number of Corpo	oration (if known)	
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	tes, this Florida Profit Corpora	ation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	tion:	
		The new
name must be distinguishable and contain the word "con" "Corp.," "Inc.," or Co.," or the designation "Corp," "Incword "chartered," "professional association," or the abbrevia	c," or "Co". A professional o	incorporated" or the abbreviation corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	Bamai	100 70 St 100 FL 333 RI
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	San I	VW 70 St ac FL 33321
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office Name of New Registered Agent		NES
New Registered Office Address: Tembro	orida street address) City)	Florida 33009 (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for	d Agent: amiliar with and accept the obl	igations 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.

Mike Jones, v as Kemo	ve, ana sa	uty smun, sv as ar	1 Лаа.		•	
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) 1) Change Add Remove	Title PIVI	Name Name	driguez,E	NTIQUE	Address 353 East 19 Hialeah PC 331	OIS 7ADE
2) Change Add	DIVI DIVI	2 Jen	nifler Ye	<u>elosque</u>	2 8277 NW 70 Tamarac Fl	33321 33321
Remove 3) Change Add	D	_ Sec	innire Ro	driguez	San NW 709 TamaracFL 3	33321 33321
Remove 4) Change Add						
Remove 5) Change						
Add Remove						
Add Remove						

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nament if not contained in the amendment itsen:
A	
,	

The date of each amendment(s) adopti	ion: 11 10 0010
Effective date if applicable:	(no more than 90 days after amendment file date)
	(no more man 20 days tyler amenament file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ent for approval.
	d by the shareholders through voting groups. The following statement a voting group entitled to vote separately on the amendment(s):
"The number of votes east for the	he amendment(s) was/were sufficient for approval
by	(voting group)
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder
Dated \	9/9019
Signature (By adirecto	or, president or other officer if directors or officers have not been
selected, by appointed fi	an incorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary)
	Jennifler Velasquez
	(Typed or printed name of person signing)
	(Title of person signing)