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16 NOV 28 PH 3: 20

And

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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: V DIAS PHA	RMACY, INC.	
DOCUMENT NUMBI	ER: <u>P12000090636</u>		
The enclosed Articles o	f Amendment and fee are su	ibmitted for filing.	
Please return all corresp	ondence concerning this ma	atter to the following:	
		MANOEL V DIAS	S
-		Name of Contact Person	
_		COT INVESTMENTS	, INC.
		Firm/ Company	
		17979 84th Ct N	
		Address	
_	LOX	AHATCHEE, FLORIE	
		City/ State and Zip Code	
<u> </u>		cot@cotinv.com	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, plea	se call:	
MANOEL V DIAS	5	at (561-204-595	56)
Name of	Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment 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)
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 nassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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SECRETAS A TABLE

V DIAS PHARMACY, INC	C.
	y filed with the Florida Dept. of State)
P12000090636	
	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NOT APPLICABLE	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or " word "chartered," "professional association," or the abbreviation "	n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NOT APPLICABLE
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NOT APPLICABLE
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address	
Name of New Registered Agent MANOEL V DIAS	
17979 84th Ct N	eet address)
New Registered Office Address: LOXAHATCHEE	. Florida 33470
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	with and accept the obligations of the position.
MANOEL V DAIS	undurd-

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	<u>PT</u> <u>Johr</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sall	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	_S	CECILIA V DIAS	17979 84th Ct N
Add			LOXAHATCHEE
Remove			FLORIDA, 33470
2) Change	CEO	DANIELE V DIAS	17681 84th Ct N
X Add			LOXAHATCHEE
Remove			FLORIDA, 33470
3) Change	<u> </u>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach <i>dadil</i>	adding additional Articles, enter change(s) here: nal sheets, if necessary). (Be specific)	
<u> </u>	NOT APPLICABLE	

***		· nrasan
If an amend provisions	ent provides for an exchange, reclassification, or cancellation of issued shares, implementing the amendment if not contained in the amendment itself:	
(if not a	olicable, indicate N/A)	
	NOT APPLICABLE	

date this document w	endment(s) adoption:, if other than the as signed.
Effective date if app	licable: DECEMBER 2nd, 2016
	licable: DECEMBER 2nd, 2016 (no more than 90 days after amendment file date)
	erted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records.
Adoption of Amend	ment(s) (<u>CHECK ONE</u>)
) was/were adopted by the shareholders. The number of votes cast for the amendment(s) rs was/were sufficient for approval.
) was/were approved by the shareholders through voting groups. The following statement y provided for each voting group entitled to vote separately on the amendment(s):
"The numbe	r of votes cast for the amendment(s) was/were sufficient for approval
by	, ·
- ,	(voting group)
The amendment(s action was not req) was/were adopted by the board of directors without shareholder action and shareholder uired.
The amendment(s action was not req) was/were adopted by the incorporators without shareholder action and shareholder uired.
Da	ted_NOVEMBER 18th, 2016
Sig	(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)
	appearing materials,
	CECILIA V DIAS
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)