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SECRETARY OF STATE

13 OCT -8 AM 9: 36

APPROVED AND FILED

C. LEWIS

OCT 1 & 2013

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corpo					
NAME OF CORPOR	RATION: QDRX PHA	ARMACY CORP			
DOCUMENT NUME	D1200000044				
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.			
Please return all corres	spondence concerning this mat	tter to the following:			
	PEDRO M MANG	GANO			
		Name of Contact Persor	1		
	PVRX PHARMAC	CY CORP			
		Firm/ Company			
	10327 NW 27TH	AVE			
		Address			
	MIAMI, FL 33147				
		City/ State and Zip Code	e		
PI I	UZQUINOSF@HC	OTMAIL COM			
E-mail address: (to be used for future annual report notification)					
2-man address. (to be used for future annual report normeation)					
For further information concerning this matter, please call:					
PEDRO LUZ	OUINOS	954	₎ 655-8413		
		at (Area Co	de & Daytime Telephone Number		
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 Street Address					
Amendment Section Amendment Section					
Division of Corporations Division of Corporations			on of Corporations		

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

APPRÜVER AND FILED 13 0CT -8 AM 9: 36 SECRETARY OF STATE TALLAHASSEE. FLORIDA

Articles of Amendment to Articles of Incorporation of

ODRX			$\Delta \mathbf{V}$	$\Delta\Delta$ DD
	PHA	$H \cap A$	1 . Y	LLIHP

(Name of Corporation as	currently filed with th	e Florida Dept. of State)
P13000009448		
(Docume)	nt Number of Corporation	n (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, t	his Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na PVRX PHARMACY COF		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," o	ation," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the on "P.A."
B. Enter new principal office address,	if applicable:	10327 NW 27TH AVE
(Principal office address <u>MUST BE A S</u>		MIAMI, FL 33147
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		10327 NW 27TH AVE
		MIAMI, FL 33147
D. If amending the registered agent ar new registered agent and/or the ne		ddress in Florida, enter the name of the
Name of New Registered Agent		
	10327 NW 27	TH AVE
•		a street address)
New Registered Office Address:	MIAMI	, Florida 33147
	(0	City) (Zip Code)
New Registered Agent's Signature, if o	hanging Registered Ag	ent:
i nereby accept the appointment as regis.	ierea ageni. I am jamili	iar with and accept the obligations of the position.
Si	gnature of New Register	ed 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>	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 P	Name Pedro M Mangan	Address D 10327 NW 275 Auce Miami, FL. 33147
2) Change Add			
Remove 3) Change Add Remove		_	
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

	sheets, if necessary).	(Be specific)			
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					<u>-</u>
	t provides for an evel	hange, reclassifica	tion, or cancellati	on of issued shares	<u>.</u>
If an amendment				nament usen:	
If an amendment provisions for in (if not applie	mplementing the ame cable, indicate N/A)	endment if not con	nameu m the ame	143011	
If an amendment provisions for in (if not applied	mplementing the ame cable, indicate N/A)	endment if not con	nameu in the ame		
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APPROVED AND FILED

The date of each amendment(s) adop	tion: 10-04-2013		13 00T -8	AM 9: 36, if other than the	
date this document was signed. Effective date if applicable:			SECRETARY TALLAHASSE	OF STATE	
(no more than 90 days after amendment file date)					
Adoption of Amendment(s)	(<u>CHECK ONE</u>)				
The amendment(s) was/were adopted by the shareholders was/were suffice.		The number of votes cast for	the amendment(s)		
The amendment(s) was/were appro- must be separately provided for ea				t	
"The number of votes cast for	the amendment(s) was/	were sufficient for approval			
by	(voting group)		•		
	(voting group)				
The amendment(s) was/were adopte action was not required.	ed by the board of direct	ors without shareholder action	on and shareholder		
The amendment(s) was/were adopte action was not required.	ed by the incorporators v	without shareholder action an	d shareholder		
Dated_10/04/201	3				
Signature	Lo Mas				
selected, l	- •	officer – if directors or office in the hands of a receiver, trus ary)			
Р	EDRO M MANGA	NO			
	(Typed	or printed name of person sig	gning)		
Р	RESIDENT				
		(Title of person signing)			