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(R€	equestor's Name)		
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SECRETARY OF STATE
TALL AHASSEE, FL

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORA	ATION: GD	RX ENTER	PN15-85	INC.		
DOCUMENT NUMBE	ATION: GD	130000204	33			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.				
Please return all corresp	ondence concerning this ma	tter to the following:				
	GA	9STON Re	dondo			
_		Name of Contact Pers			-	
_		Firm/ Company			-	
	/32	Address Amae F2 City/ State and Zip Co	STREET	·-	_	
		Address				
	11/12	AMAR, FZ	<i>す30</i> 2フ		_	
	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Co	ode			
	GASTON	. Redondo	@ a01	1. (011)	2024 SEI	
	E-mail address: (to be us	sed for future annual repo	ort notification)	ÄL	CRE PE	
For further information	concerning this matter, plea	se call:		ر ح ح	148 148 148	
GASTON	Redondo	al (954	560.	7913	2000年	÷ 1
For further information concerning this matter, plea CASTON REDONDO Name of Contact Person		Area (Code & Daytime To	lephone Numbe	- N	
Enclosed is a check for	the following amount made	payable to the Florida Do	epartment of State:		LW Q	
S35 Filing Fee	▼\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate o Certified Co (Additional (is enclosed)	f Status py Copy		
Amen Divisi	ng Address dment Section on of Corporations Box 6327	Ame Divi:	et Address ndment Section sion of Corporation Centre of Tallaha			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

GDRX ENTERPR	15.65	INC.			
(Name of Corporation as currently t	filed with the	e Florida Dept. of St	ate)		
P13 0000 2	10433				
(Document Number of C		if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Statutes, the Florida	orida Profit	Corporation adopts the	ne follow	ving ame	endment(s) to
A. If amending name, enter the new name of the corporation:		•			
GASTON Redo.	NOO	P.A.		The	new
name must be distinguishable and contain the word "corporation," "con "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p "chartered," "professional association," or the abbreviation "P.A."	mpany," or "	incorporated" or the		tion "Ce	orp.,"
B. Enter new principal office address, if applicable:					
(Principal office address <u>MUST BE A STREET ADDRESS</u>)					
				•	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			-m	202	
			골	<u> </u>	-17
D. If amending the registered agent and/or registered office addres	s in Florida	enter the name of t	he 🔻	- J	Paracidas 452. https
new registered agent and/or the new registered office address:			38°	ယ	; ;^ ; _]
Name of New Registered Agent			<u> </u>		
		.		ن ې	4.5
(Florida street	address)		r=14 m	9,	
New Registered Office Address:		, Flori			
(C	lity)		(Zi	p Code)	
New Registered Agent's Signature, if changing Registered Agent:	.L	oka aktionet en col			
hereby accept the appointment as registered agent. I am familiar wit.	н апи ассері	the obligations of the	: posino)	τ.	
Signature of New Regi	istered Agoni	t if chanoino	 :		
·	ster ou rigent	, y changing			
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e)	, F.S.				

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)

Example:

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.

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)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			\$ECR0
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

The business purpose is Real Esmite sples MND CONSULTING. 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 NA)	<u></u>
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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	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after a	mendment file date)
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	y filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of direc action was not required.	tors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of v by the shareholders was/were sufficient for approval.	otes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting g must be separately provided for each voting group entitled to vote separate.	
"The number of votes cast for the amendment(s) was/were sufficient for	or approval
by(voting group)	.,,,
(voting group)	
Dated 10/31/3034	
Signature (By a director, president or other officer – if director selected, by an incorporator – if in the hands of a reappointed fiduciary by that fiduciary)	
(Typed or printed name of perso	OON O
(Typed or printed name of perso	n signing)
(Title of person signing)	
(Title of person signing)	

2024 DEC -3 AM 9: 26
SECRETARY OF STATE
TALLAHASSEE, FU