## P130000 49378

(Re	equestor's Name)	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ZL PHARMACY C	CONSULTING SERVICES	S,INC
DOCUMENT NUMB	D13000040379		·
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	ZULETT LEE		
•		Name of Contact Persor	1
	REMEDY BOX PHARMAC	Y, INC.	
		Firm/ Company	
	10000 SW 56 ST SUITE #9	Time Company	
	<u></u>	Address	<del> </del>
	MIAMI, FL 33165		
		City/ State and Zip Code	<u> </u>
remed	yboxpharmacy@gmail.com		
		ed for future annual report	notification)
	t,-man address. (10 be ds	ed for future annual report	notification,
For further information	concerning this matter, pleas	e call:	
ZULETT LEE		786 at (	236-1878
Name (	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment of State:
☐ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address  Amendment Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tailahassee, FL 32301

## Articles of Amendment to Articles of Incorporation οſ

( <u>Name c</u>	of Corporation as curren	tly filed with the Florida Dept. of State)	12 12
P13000049378			600
	(Document Number	of Corporation (if known)	75 U F.
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the fo	llowing amendme
A. If amending name, enter the new na	ame of the corporation:		
REMEDY BOX PHARMACY, INC.			The new
name must be distinguishable and con- "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	ion," "company," or "incorporated" or "Co". A professional corporation name "P.A."	the abbreviation
B. Enter new principal office address,	if annlicable:	10000 SW 56 ST SUITE #9	
(Principal office address MUST BE A S		MIAMI, FL 33165	
		· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		10000 SW 56 ST SUITE #9	
thanks address interpretation of the both		MIAMI, FL 33165	
D. If amending the registered agent an new registered agent and/or the new			
			···
new registered agent and/or the new		<u>ss:</u>	
new registered agent and/or the new	w registered office addre	<u>ss:</u>	
new registered agent and/or the new	w registered office addre	#9 treet address)	165

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an	d
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>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	V	PAVEL RODRIGUEZ	10000 SW 56 ST SUITE #9
X Add			MIAMI, FL 33165
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			<del></del>
Add			
Remove			
.5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)				
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f an amendment provides for an exch	ange, reclassificati	on, or cancellati	on of issued sha	res,	
provisions for implementing the ame (if not applicable, indicate N/A)	<u>ndment if not conta</u>	ined in the ame	ndment itself:		
(y mi appirame, micale (m)					
		<del></del>			
<del></del>					

The date of each amendmen		, if other than the
date this document was signed	o. - 01/16/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this che Department of State's records.	late will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
	re adopted by the shareholders. The number of votes cast for the amendment tere sufficient for approval.	(s)
	re approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):	neni
	s east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	ere adopted by the board of directors without shareholder action and sharehold	der
☐ The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder	
Dated	5/2019	
S	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other coppointed fiduciary by that fiduciary)	
	ZULETT LEE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<del></del>