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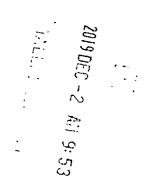
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## **COVER LETTER**

.TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SMART RX SYSTEMS, INC.				
DOCUMENT NUMBER: 7300068431				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Santu Rohatai Name of Contact Person  Smart Rx Systems, Inc.  Firm/Company  18946 N. Date Mabry Hwy. Swite 108  Address  Lutz, FL. 33548  City/ State and Zip Code				
Srohatai @ Smartrx Sustems. Com E-mail address) (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Santu Rohatal at (813) 340-4423  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				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## **Articles of Amendment**

to

## Articles of Incorporation of

SMARTRX	SYSTE	MS, INC.		
(Name of Corpo	ration as currently file	ed with the Florida Dept. of State)		
171300	<u> </u>	[3]		. <u>.</u>
(De	ocument Number of Co	rporation (if known)		
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this <i>Flor</i>	ida Profit Corporation adopts the fo	ollowing amendm	ent(s) to
A. If amending name, enter the new name of the	he corporation:			
NIA			The nev	и'
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the a	Inc," or "Co". A pro			
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET.	able: ADDRESS)	N/A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	- ( <i>BOX</i> )	N/A	2019 DEC -2 AH 9:	· 7
D. If amending the registered agent and/or reg new registered agent and/or the new register	istered office address red office address:	in Florida, enter the name of the	53	
Name of New Registered Agent	N/A			
New Registered Office Address:	(Florida street a	, Florida		
	(City	)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age		and accept the obligations of the pos	sition.	
.9	Signature of New Regist	ered 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)

(Attach additional sheets, if necessary).

(Be specific)

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 Example:			
X Change		Doc	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
_X Add	SV Sally	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1)Change	TD	Robatai, Santu	5703 Red Bug Lake Road
Add			Suite 256
Remove			Winter Springs, EL. 32708
2) Change PR	ESLDE NT	r Rohatqi, Santu	18946 N. Date malory Huy.
_X_ Add			Suite 102
Remove 3) Change	S	Scillia, Michael	Lutz, FL. 33548
Add		·	4737 N. Ocean Dr. #213
X Remove		La	uderdale ByThe Sea, FL. 33308
4) Change	PDS	Mathow, Sandcer	5703 Red Bug Lake Road
Add			Scrite 256
X Remove			Winter Springs, FL 32708
5) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
6) Change			<del></del>
Add			
Remove			
		Page 2 of 4	
E. If amending or add	ling additional A	articles, enter change(s) here:	

	<del></del>
	<del></del>
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<del></del>	
	<del></del>
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 N/A)	
<u> </u>	
<del></del>	<del></del>
	<del></del>
	<del></del>
Page 3 of 4	
The date of each amendment(s) adoption:	f other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were		The number of votes cast for the amendment(s)
		through voting groups. The following statement d to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was	/were sufficient for approval
by		
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of direc	tors without shareholder action and shareholder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators	without shareholder action and shareholder
Dated	OV 25, 2019	1
Signature	OV 25, 2019 SANTU ROL	HATGI
(By a select	director, president or other	officer – if directors or officers have not been n the hands of a receiver, trustee, or other court
	SANTU	ROHATGI
	(Typed or prin	ted name of person signing)
	PRESIDE	ENT
	(Title of person signing)	