P13000068431

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number))
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COVER LETTER

NAME OF CORPORATION: SMART RX SYSTEM

DOCUMENT NUMBER: P1300068431

The enclosed Articles of Amendment and fee are submitted for filing.

TO: Amendment Section

Please return all correspondence concerning this matter to the following:

Santu Robatai Name of Contact Person	
Smart Rx Systems, Inc. Firm/ Company	
Firm/Company 18946 N. Dale Dabry Hay Suite 10.	ر ر
Lutz, FL. 33548	
City/ State and Zip Code	

Svolvatare Smartrx Systems.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Santu Rohatgi 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:

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

is enclosed)

Articles of Amendment

Articles of Incorporation

	of	· A O	2019 070 1-	· •
SMART RX	5457	EMS	THE	<u> የቭ ነው: 32</u>
(Name of Corp.	oration as currently	filed with the Florid	la Dept. of State)	,
Y 13 C	000000	3431		
(D	ocument Number of	Corporation (if know	n)	
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	lorida Statutes, this F	lorida Profit Corpord	ation adopts the follo	owing amendment(s) to
A. If amending name, enter the new name of t	he corporation:			
NIA				The new
name must be distinguishable and contain the wor "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the c	Inc," or "Co". A			viation "Corp.,"
B. Enter new principal office address, if applie (Principal office address MUST BE A STREET		N/t	7	
 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) D. If amending the registered agent and/or registered agent and/or the new registered. 	gistered office addre	ess in Florida, enter t	the name of the	
Name of New Registered Agent	NIA			
Name of New Registered Agent	(Florida stree	et address)		<u> </u>
New Registered Office Address:			, Florida	
	, c	City)	(,	Zip Code)
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as registered age	ent. I am familiar wi	th and accept the obli	gations of the position	on.
	Cianata and AM B	sistemal Asses (C.)		
	signature of New Reg	gistered Agent, if char	iging	

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.

	ve, and Sa	illy Smith, SV as an Add.		
Example: X Change	<u>PT</u>	John Doc		
X Remove	$\underline{\mathbf{v}}$	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change	P,D,	c Robal	igi, Santu	18946 N. Dale Mabry Hou
X Add				Suite 102
Remove				Lutz, FL. 33548
2) Change		_		
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				
			Page 2 of 4	

Ε.	If amendin	g or	adding	additional	. Articles,	, enter c	change(s)	here:

		
-	· · · · · · · · ·	
		
	<u> </u>	_
		
F. If an amendment provides for an exchange, a provisions for implementing the amendmen (if not applicable, indicate N/A)		
(ij noi applicable, inalcale NA)		
		····

	Page 3 of 4	
The date of each amendment(s) adoption:		, if other than th
date this document was signed.		, n oner than th
Effective date if applicable:	no more than 90 days after amendment file date)	
160	TO THE CONTRACT OF MEMORIE MATERIAL METERSTRUCTURE PROCESSION	

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 ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder
action was not required.	pted by the incorporators without shareholder action and shareholder
Dated DEC	16, 2019
Signature 5	ANTU ROHATO
selected	rector, president or other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
•	(Typed or printed name of person signing)
	PRESIDENT DIRECTOR, & CHARMAN OF THE BOARS
(Title of person signing)