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Amend 10,28.13

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: QUALITY Rx Phaing In C DOCUMENT NUMBER: P 1300072334.
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Alberto L. Fontilla Name of Contact Person Quality Rx Phana Inc Firm/Company 1778 W. Flager St 1+tar Address MIAMI FL 33135 City/ State and Zip Code 6001 ty Rx Phana @ 1000011. Com.
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alberto Fontacila. at 786 3268438
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 Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **Street Address**

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



6	of		~ 19 Gr. 3	199 <u>%</u> 6
(Name of Corporation as current	Vharmo			
Name of Corporation as current	224	rida Dept. of State)		
(Document Numbe	er of Corporation (if k	mown)		•
Pursuant to the provisions of section 607.1006, Flo ts Articles of Incorporation:	orida Statutes, this FI	orida Profit Corporatio	n adopts the following	g amendment(s) to
A. If amending name, enter the new name of th	e corporation:			
<u>nla</u>	•			_The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	Corp," "Inc," or "Co	". A professional cor	orporated" or the all poration name must c	obreviation contain the
B. Enter new principal office address, if applica Principal office address <u>MUST BE A STREET A</u>		1778 W. Miami 1	Flagler Fl. 3312	st 5
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u>)	nla		
O. If amending the registered agent and/or registered registered agent and/or the new register	stered office addres red office address:	s in Florida, enter the	name of the	
Name of New Registered Agent	, , , , ,	, -	,	
	(Florida street			
New Registered Office Address:	(City)	A, Flor	rida (Zip Code)	
			,	
New Registered Agent's Signature, if changing l				
hereby accept the appointment as registered agen	nt. I am familiar with	·	tions of the position.	
	r / '	٠ .		

Signature of New Registered 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)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		\underline{n}	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		··	
Remove			

ttach additional sheets, if necessary).	(Be specific)
nla	
	- , , , , , , , , , , , , , , , , , , ,
	1 (0)
rovisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
n19	
	

		, if other than the
date this document was signed.		
Effective date if applicable:	7.	
(no	o more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECH	K ONE)	
The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for approximation.	eholders. The number of votes cast for the amendment(s) oval.	
	reholders through voting groups. The following statement up entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendme	ent(s) was/were sufficient for approval	
by	"	
(voting g	group)	
The amendment(s) was/were adopted by the board action was not required.	d of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by the incoraction was not required.	rporators without shareholder action and shareholder	
Dated		
	or other officer – if directors or officers have not been ator – if in the hands of a receiver, trustee, or other court hat fiduciary)	_
Albei	to fonticella.	<u> </u>
_	(Typed or printed name of person signing)	
2100	sident	
	(Title of person signing)	