P13000093730

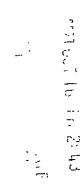
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
<u> </u>
Special Instructions to Filing Officer:
Special mandedona to 1 ming Smeet.





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COVER LETTER

TO: Amendment Section Division of Corporations

Mailing Address

P.O. Box 6327

Amendment Section

Division of Corporations

NAME OF CORPO	RATION: MANATEE PHAI	RMACY SERVICES, INC.		
DOCUMENT NUM	BER: P13000093730			
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	Hamad Nawaz			
		Name of Contact Person	<u> </u>	
	MANATEE PHARMACY S	ERVICES, INC.		
		Firm/ Company	· · · · · · · ·	
	1802 59th Street West	, ,		
		Address		
	Bradenton, F1, 34209			
City/ State and Zip Code				
COMPLEANCE EMPRX.COM				
	E-mail address: (to be us	ed for future annual report	notification)	· 3
For further information	on concerning this matter, pleas	se call:		
Hamad Nawaz		941 at (209-1234	
Name	of Contact Person	Area Coo	de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	,

Street Address

Amendment Section

Division of Corporations

The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation of

(Name of Corporat	tion as currently filed with the Fl	orida Dept. of State)	-	
P13000093730				
(Docu	iment Number of Corporation (if kr	iown)		
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	da Statutes, this <i>Florida Profit Cor</i>	poration adopts the foll	owing am	endment(s) to
A. If amending name, enter the new name of the	corporation:			
name must be distinguishable and contain the word "e "Inc.," or Co.," or the designation "Corp." "Inc "chartered," "professional association," or the abb	"," or "Co". A professional corp	orporated" or the abbre poration name must co	viation "C	new Forp.," Word
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD)	<u> </u> <u> </u>			-
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE B</u> e	<u>OX</u>)			
D. If amending the registered agent and/or registered new registered agent and/or the new registered		ter the name of the		1.0 Km
Name of New Registered Agent			<u> </u>	(;)
				-
				- ਹ•
New Registered Office Address:	(Florida street address)			

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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.

X Change	<u>PT</u> <u>Joh</u>	n Doe		
X Remove	<u>V</u> <u>Mik</u>	ce Jones		
<u>X</u> Add	<u>SV</u> <u>Sali</u>	ly Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	P/Ceo/D	Hamad Nawaz	1802 59th Street West.	
A Add			Bradenton, F1, 34209	
Remove		Aqsa		
2) Change	V/CFO	Asqa Nawaz-Chowdhry	1802 59th Street West.	
A Add			Bradenton, FL 34209	
Remove 3) C Change	T/S	Yuliya Kazlova	1802 59th Street West.	
Add		_	Bradenton, FL 34209	
Remove				, a
4) Change				្រាវ (គ
Add			<u> </u>	
Remove				c
5) Change			-	11 6.
Add				£
Remove				
6) Change				
Add				
Remove				

ach additional sheets, if necessary). (Be specific)	
<u> </u>	
in amendment provides for an exchange, reclassification, or cancellation of issued shares,	
ovisions for implementing the amendment if not contained in the amendment itself:	,
(if not applicable, indicate N/A)	-1;
400/0 of Stall issued to HAMAD NAWAZ	
30% of stock issued to Agen Nawaz -chowshry	
30% of Stick pisced to Yuliya Kazlova.	<u> </u>
7,55-50, 10 101/12 100/2	
	. ,

The date of each date this docume	h <mark>amendment(s)</mark> ent was signed.	adoption:	NIA		if other than the
	_	November	15, 2022		
	<u> </u>		(no more than 90 c	lays after amendment file	date)
Note: If the dat document's effect				le statutory filing require	ements, this date will not be listed as the
Adoption of Am	iendment(s)	(<u>CH</u>	IECK ONE)		
The amendme action was no	ent(s) was/were a t required.	dopted by the	incorporators, or box	ard of directors without sl	nareholder action and shareholder
	ent(s) was/were a olders was/were			umber of votes east for th	e amendment(s)
				gh voting groups. <i>The fo</i> te separately on the amer	
"The nu	ımber of votes ca	st for the amer	ndment(s) was/were	sufficient for approval	
by			ing group)		
		(vot	ing group)		
	Dated_10 - 1	0-23			
	Signature(na	73		
	(By a selec	director, presi ted, by an inco	ident or other officer	 if directors or officers ands of a receiver, truste 	nave not been e, or other court
		Hamad Nav	wax		
		((Typed or printed na	ne of person signing)	
		President/C	ΈΟ		
			Title of person signi	ng)	7

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MANATEE PHAI	RMACY SERVICES, IN	NC.	
	BER: P13000093730			
The enclosed Article.	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	utter to the following:		
	Hamad Nawaz			
		Name of Contact Per	rson	
	MANATEE PHARMACY S	ERVICES, INC.		
		Firm/ Company		
	1802 59th Street West			
		Address		
	Bradenton, FL 34209			
		City/ State and Zip C	ode	
	/	To a River A sign	0 45324	
	E-mail address: (to be us		e MDPRX-COM	
		oo tor ratare annual rep	or nottreation)	
For further information	on concerning this matter, plea	se call:		
Hamad Nawaz		941 at (209-1234 Code & Daytime Telephone Number	
Name	of Contact Person	Area	Code & Daytime Telephone Number	٠ <u>٠</u>
Enclosed is a check for	or the following amount made	payable to the Florida D	epartment of State:	
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status	10 10 10 10 10 10 10 10 10 10 10 10 10 1
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ame Divi The	et Address endment Section sion of Corporations Centre of Tallahassee 5 N. Monroe Street, Suite 810	

Tallahassee, FL 32303