# P14000009647

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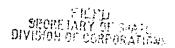
NOV 2 3 2015 C LEWIS

#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	IPHARMACY DISCOUNT, IC.			
DOCUMENT NUMBER:	P14000009647 MBER:			
The enclosed Articles of Amenda	nent and fee are submitted for filing.			
Please return all correspondence of	concerning this matter to the following	ıg:		
	LEONEL ROD	RIG	UEZ	
	(Name of Conta	ict Pe	erson)	
	IPHARMACY DISC	OUN	IT, INC.	
	(Firm/ Com	pany	/)	
	3027 NW 7T	н ѕт	REET	
	(Addres	ss)		
	MIAMI, FL 3	3125	i	
	(City/ State and	Zip (	Code)	
	ngvcpa@aol	.com		
E-mail	address: (to be used for future annua	al rep	ort notification	)
For further information concerning	g this matter, please call:			
ANG	EL PARGA	st	786-	553-8229
(Nam	ne of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the follow	ing amount made payable to the Flor	ida I	Department of S	tate:
■ \$35 Filing Fee □\$	43.75 Filing Fee & Status Certificate of Status (Additional coenclosed)	y	Certifi s Certifi	Filing Fee cate of Status ed Copy ional Copy is
Amendment Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314		Am Div Cli 260	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

#### Articles of Amendment to Articles of Incorporation of



15 NOV 20 AM 11:00

### IPHARMACY DISCOUNT, INC.

(Name o	f Corporation as currently	filed with the Florida De	ept. of State)
	P1400000	9647	
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation	adopts the following amendment(s)
A. If amending name, enter the new na	me of the corporation:		
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associal	ation "Corp," "Inc," or "(	Co". A professional corpo	The new "porated" or the abbreviation pration name must contain the
R Enter new principal office address	f annliaghla	N/A	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
			<del></del>
C. Francisco de la contraction del contraction de la contraction d	k1		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
<u> </u>			
D. If amending the registered agent an	d/on posistano d office addu	oss in Florida, antautha n	ama afaha
new registered agent and/or the new			ame or the
Name of New Registered Agent	N/A		
Name of New Registered Agent			
	(P) 11		***************************************
	(Florida stre	et aaaress)	
New Registered Office Address:	N/A		Florida
	ı	City)	(Zip Code)
New Registered Agent's Signature, if ch	ionging Degistered Agent.		
hereby accept the appointment as registe	ered agent. I am familiar w	ith and accept the obligation	ons of the position.
	•		
	Signature of New Re	gistered 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 X_Remove X_Add	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sn	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	VS	_	BARBRA M GONZALEZ-RODRIGUEZ	3027 NW 7TH STREET
X Add				MIAMI, FL 33125
Remove				
2) Change		_		
Add				
Remove				
3 ) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)
N/A	
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amera $(if not applicable, indicate N/A)$	ndment if not contained in the amendment itself:
N/A	

	11/01/2015	
The date of each amen		Stream ranks by
date this document was	signed.	SECRETARY OF SILES
	11/01/2015	SEMRETARY OF STATE DIVISION OF CORPORATIONS
Effective date if applic		
	(no more than 90 days after amendment file date)	15 NOV 20 AM II: 00
	ed in this block does not meet the applicable statutory filing requirement to on the Department of State's records.	nts, this date will not be listed as the
Adoption of Amendme	ent(s) ( <u>CHECK ON E</u> )	
The amendment(s) was/were sufficien	was/were adopted by the members and the number of votes cast for th t for approval.	e amendment(s)
There are no membadopted by the box	pers or members entitled to vote on the amendment(s). The amendment of directors.	t(s) was/were
Dated	11/13/15	
Signature	Barbra Gouzalez.	
(	By the chairman or vice chairman of the board, president or other office have not been selected, by an incorporator – if in the hands of a receive other court appointed fiduciary by that fiduciary)	
	BARBRA M GONZALEZ-RODRIGUE	Z
	(Typed or printed name of person signing)	<del></del>
	VICE-PRESIDENT & SECRETARY	
	(Title of person signing)	