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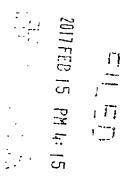
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Amend

FEB 17 2017 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: A&R Pharmacy, In	1c.	·				
DOCUMENT NUMBER: P14000012302						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this ma	tter to the following:					
Paul Spivak						
	Name of Contact Person					
A&R Pharmacy, Inc.	A&R Pharmacy, Inc.					
	Firm/ Company					
PO Box 912						
-	Address					
Jupiter, FL 33468						
	City/ State and Zip Code					
info@uds1.nct						
E-mail address: (to be us	sed for future annual report n	otification)				
For further information concerning this matter, pleas	se call:					
Paul Spivak	at (315	2786268 e & Daytime Telephone Number				
Name of Contact Person	Area Cod	e & Daytime Telephone Number				
Enclosed is a check for the following amount made	payable to the Florida Depar	tment of State:				
■ \$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division Clifton I 2661 Ex	nent Section of Corporations Building ecutive Center Circle (Sec., FL 32301)				

Articles of Amendment to Articles of Incorporation of

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<u>e</u>)	· .	5

A&R Pharmacy, Inc. (Name of Corporation as currently filed with the Florida Dept. of Stat P14000012302 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 1201 US Hwy #1, Ste 43 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) North Palm Beach, FL 33408 C. Enter new mailing address, if applicable: PO Box 912 (Mailing address MAY BE A POST OFFICE BOX) Jupiter, FL 33468 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) 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.

Example: X_Change	<u>PT</u>	John Do	<u>0e</u>	
X Remove	<u>v</u>	Mike Jo	ones	
X Add	<u>\$V</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
l) Change				
Add				
Remove				
2) Change				
, Add		·		
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add		_		
Remove				
5) (1)				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
	
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If an amendment provides for an eyel	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
rina Spivak, the VP, will have a 51% stake	e in the company (originally had 50%). Paul Spivak, CEO, will now have 49%
take in the company (originally 50%).	

	2/13/2017	
The date of each amendment		, if other than the
date this document was signed		
Effective date if applicable:	2/13/2017	
Enterve date in appricable.	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date whe Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
·-,	(voting group)	
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder	
•		
02/13 Dated	72017	
	X	
Signature		
(E	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	
	Paul Spivak	
	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	•

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