## P14000012302

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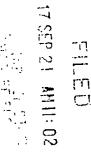


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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: A&R Pharmacy, Ir	ic.		
DOCUMENT NUM	IBER: P14000012302			
	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	paul spivak			
		Name of Contact Perso	n	
	A&R Pharmacy			
		Firm/ Company	· · ·	
	P.O. Box 912			
		Address		
	jupiter, fl 33468			
		City/ State and Zip Cod	c	
For further informati	on concerning this matter, pleas	sed for future annual report se call:		
paul spivak		855	de & Daytime Telephone Number	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check (	or the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	□\$43.75 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			Address Iment Section	
	vision of Corporations	Division of Corporations		
P.O. Box 6327 Tallahassee, Ft. 32314		Clifton Building 2661 Executive Center Circle		
Tunungase, FL 52517		Tallahassee, FL 32301		

## Articles of Amendment to Articles of Incorporation of

A&R Pharmacy Inc.					
(Name of Corporati	ion as currently f	iled with the Florida	Dept. of State)		
P14000012302					
(Docum	nent Number of C	orporation (if known)			
Pursuant to the provisions of section 607.1006. Floridatis Articles of Incorporation:	a Statutes, this <i>Fla</i>	orida Profit Corporatio	on adopts the fo	llowing amendme	nt(s) to
A. If amending name, enter the new name of the co	orporation:				
				The new	
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered." "professional association," or the	o, " "Inc, " or "Co	". A professional cor	corporated" or eporation name	the abbreviation	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD				SEP	777
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE RO</u>	<u>)X</u> )			21 AH 11: 02	FILED
D. If amending the registered agent and/or register new registered agent and/or the new registered		s in Florida, enter the	name of the	<u>.</u>	
Name of New Registered Agent					
	(Florida street	address)			
New Registered Office Address:			, Florida		
	(Ci	ity)		(Zip Code)	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		h and accept the oblige	utions of the pos	ition.	
Sign	sature of New Rea	istered Agent if chang	ing		

## 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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	VP	Irina Spivak	118 Cassilly Way
X Add			Jupiter, FL 33468
Remove			
2) Change			
Add			
Remove			
3 ) Change		·	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			<u> </u>
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)
ina Spivak is repurchasing her 50% shares	s of the company to become a mutual owner of A&R Pharmacy.
	<del></del>
If an amendment provides for an evel	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

September 01, 2017	
The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 9	0 days after amendment file date)
Note: If the date inserted in this block does not meet the applied document's effective date on the Department of State's records.	cable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders thre must be separately provided for each voting group entitled to	
"The number of votes cast for the amendment(s) was/wei	
by	,"
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors action was not required.	
☐ The amendment(s) was/were adopted by the incorporators with action was not required.	nout shareholder action and shareholder
Dated 11112017 Signature	
(By edirector, president or other office	cer – if directors or officers have not been e hands of a receiver, trustee, or other court
Paul Spivak	
(Typed or printed	name of person signing)
CEO	
(Title	of person signing)