P14000025396

04/20/2032 23:59 #8115 P.001/005

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H14000131726 3)))

H140001317263ABCZ

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Division of Corporations
Fax Number : (850)617-6380

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

COR AMND/RESTATE/CORRECT OR O/D RESIGN
P S PHARMACY CORP

Certificate of Status	0
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Amend
CA 6/11/14

Second Request

Electronic Filing Menu Corporate Filing Menu Help

June 10, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

P S PHARMACY CORP
2003 SW 1 ST
MIAMI, FL 33135

SUBJECT: P S PHARMACY CORP
REF: P14000025396

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

FAX Aud. #: H14000131726
Letter Number: 414A00012452

RECEIVED
14 JUN 10 AM 8:50

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 9, 2014

P S PHARMACY CORP
2003 SW 1 ST
MIAMI, FL 33135

SUBJECT: P S PHARMACY CORP
REF: P14000025396

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

No period after (Corp).

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

FAX Aud. #: H14000131726
Letter Number: 114A00012315

H14000131726

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

PS Pharmacy Corp

(PRESENT NAME of CORPORATION)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

Directors shall now read as follows:

DELETE: Emilia Ponce
2003 SW 1ST
Miami, FL 33135

ADD: Oscar CARRERA
2003 SW 1ST
Miami, FL 33135

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 JUN 10 AM 9:09

New Registered Agent

Oscar CARRERA
2003 SW 1ST
Miami, FL 33135

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows.

100

H14000131726

THIRD: The date of each amendment's adoption: June 05, 2014.

FOURTH: Adoption of Amendment(s) (check one)

☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups.

The following statement must be separately for each voting group entitled to vote separately on each amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval by _____"
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 5 day of June, 2014.

Signature _____
(By the Chairman or Vice Chairman of the directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

Oscar Carrera
Typed or printed name

President
Title

Having been named as registered agent and to accept service of process for the stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity.

_____
Registered Agent Signature