P14000038742

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SEGRETARY OF STATE
ALLABASSET FLORIDA

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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations		
NAME OF CORPORATION: GUANABO	O PHARMACY D	ISCOUNT, INC.
DOCUMENT NUMBER: P1400003874	42	ISCOUNT, INC.
The enclosed Articles of Amendment and fee are s	ubmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	ŕ
LAZARO GARCI		
	Name of Contact Person	i
	Firm/ Company	
632 E 4 AVE		
- 100	Address	
HIALEAH, FL 33	8010	
	City/ State and Zip Code	2
INFO@ACCOUNTIN		
E-mail address: (to be u	used for future annual report	notification)
For further information concerning this matter, plea	ase call:	
LAZARO GARCHITORENA	at ()
Name of Contact Person	Area Coo)de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	rtment 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		Address
Amendment Section		ment Section
Division of Corporations	Divisio	n of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

GUANABO PHARMACY DISCOUNT, INC	GU/	ANABO	PHARMA	CY	DISCOUNT,	INC.
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(Name of Corporation as currently filed with the Flor	rida Dept. of State)			
P14000038742				
(Document Number of Corporation (if k	nown)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fla</i> its Articles of Incorporation:	orida Profit Corporation adopts	the following an	endment((s) to
A. If amending name, enter the new name of the corporation:				
N/A		m		
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation A."	d" or the abbre name must cont	e new viation ain the	5
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	AUG -	11	v
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	SSEC. TLORIDA	J	
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address: Name of Nam Registered Agent LAZARO GARCH		the		
Name of New Registered Agent 632 E 4 AVE HIAL				
(Florida street	<u> </u>			
New Registered Office Address: (City)	, Florida	Zip Code)		
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of t	he position.		

address of each Officer (Attach additional sheets Please note the officer/di P = President; V = Vice Executive Officer; CFO held. President, Treasure Changes should be noted a change, Mike Jones led Mike Jones, V as Remove	and/or I , if neces. rector tit. Presiden = Chief er, Direct l in the fo wes the c	Director by sary) le by the journ tree t; T= Tree Financial or would by the journ tree corporation to sary)	first letter of the office title: casurer; S= Secretary; D= Director; TR= Officer. If an officer/director holds more be PTD. nanner. Currently John Doe is listed as the on, Sally Smith is named the V and S. Thes	Trustee; C = Chairman or Clerk; CEO : than one title, list the first letter of eac.	= Chief h office There is
Example: X Change	<u>PT</u>	John De	<u>oe</u>	PH PH	n
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	PM 12: 57	
X Add	<u>SV</u>	Sally St	<u>nith</u>	<u> </u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s	
1) Change	<u>P</u>	_	DAYAMI ESTRABAO	632 E 4 AVE	
Add				HIALEAH, FL 33010	
Remove					
2) Change	Р	_	LAZARO GARCHITORENA	632 E 4 AVE	
Add				HIALEAH, FL 33010	
Remove					
3) Change					
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

ach additional sheets, if necessary). (Be specific)	
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· · · · · · · · · · · · · · · · · · ·	
n amendment provides for an exchange, reclassification, or cancellation of issued shares	
ovisions for implementing the amendment if not contained in the amendment itself:	1
(if not applicable, indicate N/A)	

The date of each amendment(s) a	doption: 08/05/2014	, if other than the
date this document was signed.		-
Effective date if applicable:		_
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	. .
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	1
	(voting group)	777
The amendment(s) was/were addaction was not required.	opted by the board of directors without shareholder action and shareholder	PHIZ: 5
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated_08/05/26	014	
Signature	Kazano Ganchitoneana	-
selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	LAZARO GARCHITORENA	_
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	-