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8/29/14

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: MY DRUG STORE INC P14000043487 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MIGUEL TEJERA Name of Contact Person Firm/ Company 1901 W. FLAGLER ST. Address MIAMI, FL 33135 City/ State and Zip Code INFO@ACCOUNTING2EASY.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MIGUEL TEJERA Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address

Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Articles of Amendment to . Articles of Incorporation

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MY DRUG STORE INC	NC 25 PM 4: 03
MY DRUG STORE INC (Name of Corporation as currently filed with the Flo.) P14000043487	rida Dept. of Blate OF STATE S
(Document Number of Corporation (if k	mown) JALLY
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
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.	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the A."
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: Name of New Registered Agent Name of New Registered Agent	
31901 W. FLAGLER	ST MIAMI EL 33135
(Florida stree	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address: N/A	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with the signature of New Registered Agent. Signature of New Registered Agent:	

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 <math>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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	MIGUEL TEJERA	1901 W. FLAGLER ST.
Add			MIAMI, FL 33135
Remove			
2) Change	Р	CYNTHIA ORAMAS	1901 W. FLAGLER ST.
Add			MIAMI, FL 33135
Remove			
Change			
Add			
Remove			
4) Change		<u> </u>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			WW

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

The date of each amendment(s) addate this document was signed.	option:	, if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated_08/21/20)14	
Signature	Hlw	
	irector, president or officer – if directors or officers have not been	
	d, by an incorporator – if in the hands of a receiver, trustee, or other court red fiduciary by that fiduciary)	
•	MIGUEL TEJERA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	·····