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STORE TARY OF STATE

JUL 27 2016

C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: REAL PHA	RMACY & D	ISC	OUNT, INC
DOCUMENT NUMBE	P1400005573	5		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
ł	HECTOR CANO			
		Name of Contact	Person	
-		Firm/ Compa	ıny	
		Address		
1	ИІАМІ, FL 33174			
_		City/ State and Zi	p Code	
INF	D@ACCOUNTIN	IG2EASY.C	MC	
	E-mail address: (to be us	sed for future annual	report r	otification)
For further information	concerning this matter, pleas	se call:		
HECTOR CAN	NO	at (786	6	, 5345952
Name of	Contact Person			e & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida	a Depar	tment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fe Certified Copy (Additional copy enclosed)		□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 nassee, FL 32314	7 E C 2	Amendr Divisior Clifton I 2661 Ex	Address ment Section n of Corporations Building tecutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation



2016 JUL 18 PM 1:57

REAL PHARMACY & DISCOUNT, INC

(Name of Corporation as currently filed with the Florida Dept. of State)				
P14000055735				
(Documer	nt Number of Corporation (if known)			

ment(s) to

(Document Number of Corporation	(if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the following amen		
A. If amending name, enter the new name of the corporation:			
N/A	The		
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain "P.A."		
B. Enter new principal office address, if applicable:	11400 W. FLAGER ST# 108		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Miami, FL 33174		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11400 W. FLAGER ST# 108		
	Miami, FL 33174		
	Miami, FL 33174		
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address Name of New Registered Agent	dress in Florida, enter the name of the		
new registered agent and/or the new registered office address Name of New Registered Agent N/A	dress in Florida, enter the name of the		
new registered agent and/or the new registered office address Name of New Registered Agent N/A	dress in Florida, enter the name of the		

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 Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>		Address
1) Change				
Add Add				
Remove				
2) Change		-	· · · · · · · · · · · · · · · · · · ·	
Add				
Remove				
3) Change		-		
Add		•		····
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
N/A			
	· · · · · · · · · · · · · · · · · · ·		
F. <u>If an</u> pro	n amendment provides for an exchange, reclassification, or cancellation of issued shares, ovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		
	<u> </u>		

The Land Colonia N/A	SLUGGTARY OF STATE	'S allow the walls
The date of each amendment(s) adoption: N/A date this document was signed.	3/4/3/04 OF THE 11.57	, if other than the
Effective date if applicable: N/A	2016 JUL 18 PM 1:57	
Enective date <u>ii applicable</u> :	no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHEC	CK ONE)	
The amendment(s) was/were adopted by the shareby the shareholders was/were sufficient for approximation of the shareholders was/were sufficient for the shareholders was/were sufficie	reholders. The number of votes cast for the amendment(s) roval.	
	areholders through voting groups. The following statement oup entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendm	ent(s) was/were sufficient for approval	
by		
(voting	group)	
The amendment(s) was/were adopted by the boa action was not required.	ard of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by the incoaction was not required.	orporators without shareholder action and shareholder	
Dated 07/14/2016		
Signature Hectar	Cana	
· •	nt or other officer – if directors or officers have not been orator – if in the hands of a receiver, trustee, or other court that fiduciary)	
HECTOR C	CANO	
	(Typed or printed name of person signing)	.
PRESIDEN	IT .	
	(Title of person signing)	

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