P14000063583

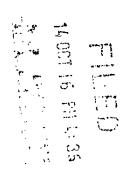
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COVER LETTER

TO: Amendment Section Division of Corporations

	DRATION: LISY PHA MBER: P14000063		RP	- -
The enclosed Article	es of Amendment and fee are su	bmitted for filing.		
Please return all cor	respondence concerning this ma	tter to the following:		
	NATACHA VA	LDES		
	LISY PHARMA		1	
	964 SW 82 AV	Firm/ Company		
		Address		
	MIAMI, FL 331	44		
		City/ State and Zip Cod	e	
For further information	E-mail address: (to be us	sed for future annual report	notification)	-
		at () de & Daytime Telephone Nu	
Nam	ne of Contact Person	Area Co	de & Daytime Telephone Nu	ımber
Enclosed is a check	for 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)	To Day of the Party of the Part
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

LISY PHARMACY CORP.		
(Name of Corporation as currently filed with the l	Florida Dept. of State)	
P14000063583		
(Document Number of Corporation ((if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)) 1
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A	
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 DILSIS MANRE	<u>ss:</u>	
964 SW 82 A	AVE	
New Registered Office Address: MIAMI	rreet address) , Florida 33144 [] ,	
(City	(Zip Code)	1
New Registered Agent's Signature, if changing Registered Agen		•
I hereby accept the appointment as registered agent. I am familiar	fighth and accept the obligations of the position.	-1
Signature of New Registered		

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.

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>	Name	<u>Addres</u> s
1) Change	Р	NATACHA VALDES	964 SW 82 AVE
Add			MIAMI, FL 33144
Remove			
2) Change	<u>P</u>	IDILSIS MANRESA	964 SW 82 AVE
Add			MIAMI, FL 33144
Remove			
3) Change			<u> </u>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
			_
6) Change			
Add			
Remove			

(* remott na	i <mark>ng or adding additional</mark> ditional sheets, if necessa	ry). (Be specifi	(c)		
ONE					
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		<u> </u>			
<u>If an am</u>	endment provides for an	<u>exchange, recla</u>	ssification, or car	ncellation of issued	shares,
provisio	ons for implementing the not applicable, indicate N	<u>: amendment if r</u> 74)	iot contained in t	<u>he amendment itsel</u>	<u>1:</u>
	or applicable, malcare 14	21)			
ONE					
					<u> </u>
	<u> </u>				

The date of each amendment(s) adoption: 10/02/2014	, if other than the
date this document was signed. Effective date if applicable: 10/02/2014	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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 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.	
Dated 10/02/2014	
Signature *	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
IDILSIS MANRESA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	8 77
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