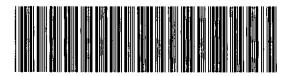
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Charles Sala

(PM) 12-2-14

### **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPOI	RATION: FRATERN BER: P1400006619	TY PHARMAC 5	Y INC	_		
	of Amendment and fee are su					
Please return all corre	spondence concerning this ma	tter to the following:				
	LEONEL MATEC	)				
		Name of Contact Person	on			
		Firm/ Company				
	2003 SW 1 STRE					
		Address				
	MIAMI, FL 33135			1905	14	
		City/ State and Zip Co	de		Ť	•**
INF	FO@ACCOUNTIN	IG2EASY.COM			(). ().	• •
	E-mail address: (to be us	sed for future annual repor	rt notification)	_	21.7	¥,
For further informatio	n concerning this matter, pleas	se call:		· : 217.	ස ස	, p.
LEONEL MA	TEO	at (786	, 6204239	• .	, •	
Name	of Contact Person		ode & Daytime Telephone	Number	_	
Enclosed is a check for	or the following amount made	payable to the Florida Dep	partment 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)			
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amer Divis Clifte 2661	t Address adment Section ion of Corporations on Building Executive Center Circle thassee, FL 32301			

#### Articles of Amendment to Articles of Incorporation of

#### FRATERNITY PHARMACY INC

(Name of Corporation as	currently filed with the F	lorida Dent of Sta	nta)	
P14000066195	currently med with the r	ioriua Dept. oi Sta	ate)	
(Documen	t Number of Corporation (i	f known)	· ··	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Cor	poration adopts the follow	ing amendment(s) to
A. If amending name, enter the new na	me of the corporation:			
N/A				The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "	Co". A profession	or "incorporated" or the nal corporation name mus	abbreviation t contain the
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		N/A		_
				_
			J. r	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of	cable: OFFICE BOX	N/A		
D. If amending the registered agent an new registered agent and/or the new	d/or registered office addr v registered office address	ress in Florida, en :	ter the name of the	38
Name of New Registered Agent	LEONEL MATE	0		
	2300 SW 1 STF	REET		
	(Florida str	eet address)	· <del></del>	
New Registered Office Address:	MIAMI		, Florida 33135 (Zip Code)	
	(City)		(Zip Code)	<del></del>
New Registered Agent's Signature, if cl I hereby accept the appointment as regist		with and accept the	obligations of the position	7.

## 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	فسند ياسد
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>	Address
1) Change	Р	LEONEL MATEO	2300 SW 1 STREET 3
Add			MIAMI FL 33135
Remove			,
2) Change	<u>s</u>	LEONEL MATEO	2300 SW 1 STREET
Add			MIAMI FL 33135
Remove	Б	VACED HEDNANDEZ	2200 CM/4 CTREET
3) Change	<u>P</u>	YASER HERNANDEZ	2300 SW 1 STREET
Add			MIAMI FL 33135
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Ar (Attach additional sheets, if necessary).	ticles, enter change(s) here: . (Be specific)	
N/A		\ ·
		<u> </u>
		•
<u>.                                    </u>		
		<del></del>
		<u> </u>
		·
F. If an amendment provides for an exc	change, reclassification, or cancellation of issued sh tendment if not contained in the amendment itself:	ares,
(if not applicable, indicate N/A)	remained if not contained in the amendment asen.	
N/A		
		<u></u>
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The date of each amendment(s) ado date this document was signed.	ption:	, if other than the
C		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopt by the shareholders was/were suffi	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	"	
•	(voting group)	
The amendment(s) was/were adopt action was not required.	ted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder action and shareholder	The state of the s
Dated_04/11/201	<u> 4</u>	e e e e e e e e e e e e e e e e e e e
Signature		
(By a dire selected,	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
L	EONEL MATEO	
_	(Typed or printed name of person signing)	
F	PRESIDENT	
	(Title of person signing)	