(Re	equestor's Name)		
(Ac	ldress)		
(Ac	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
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(Document Number)			
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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: MOON PH	ARMACY INC.				
DOCUMENT NUMBER: P1400008545					
The enclosed Articles of Amendment and fee are su	bmitted for filing.				
Please return all correspondence concerning this man	tter to the following:				
ANDRES PLASENCIA					
	Name of Contact Person				
	Firm/ Company				
2390 W 76 STREET BAY 3					
Address HIALEAH, FL 33016					
	City/ State and Zip Code				
INFO@ACCOUNTIN					
E-mail address: (to be us	sed for future annual report notification)				
For further information concerning this matter, pleas	se call:				
ANDRES PLASENCIA	at (786) 4871398				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made p	payable to the Florida Department of State:				
■ \$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle				

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment **Articles of Incorporation** of

MOON PHARMACY INC.

ent(s) to

P14000085455	at Number of Corporation	(if known)
·	•	,
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amend
A. If amending name, enter the new na	me of the corporation:	
N/A		The
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	ion," "company," or "incorporated" or the abbrevial "Co". A professional corporation name must contain "P.A."
3. Enter new principal office address, Principal office address <u>MUST BE A S</u>		N/A
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		N/A
 If amending the registered agent an new registered agent and/or the nev 		dress in Florida, enter the name of the
Name of New Registered Agent	ANDRES PLAS	
	2390 W 76 STREET	BAY 3 HIALEAH, FL 33016
	(Florida s	treet address)
New Registered Office Address:	<u> </u>	, Florida
	(Cit <u></u>	y) (Zip Code)
lew Registered Agent's Signature, if cl hereby accept the appointment as regist		nt: r with and accept the obligations of the position.
	Darley .	, 8 A k
	lature of New Registered	I Agent, if changing

address of each Officer (Attach additional sheet Please note the officer/a P = President; V = Vice Executive Officer; CFO held. President, Treasur Changes should be note a change, Mike Jones le Mike Jones, V as Remov	r and/or I s, if neces lirector tit e Presiden = Chief er, Direct d in the fo	ssary) tle by the first letter of the office title: nt; T= Treasurer; S= Secretary; D= Director; TR Financial Officer. If an officer/director holds mo	= Trustee; C = Chairman or Clerk; CEO = Chie ore than one title, list the first letter of each office the PST and Mike Jones is listed as the V. There is
Example: XChange	<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	Address
1) Change	Р	ANDRES PLASENCIA	2390 W 76 STREET BAY 3
Add			HIALEAH, FL 33016
Remove			
2) Change	Р	ARILYS GIL	2390 W 76 STREET BAY 3
Add			HIALEAH, FL 33016
Remove			
3) Change			
Add			- <u></u> -
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			
		<u> </u>	
7. <u>If ar</u> pro	f an amendment provides for an exchange, reclassification, or cancellation provisions for implementing the amendment if not contained in the amen (if not applicable, indicate N/A)	on of issued shares, adment itself:	

The date of each amendment(s) adoption:	, 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) (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)	
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_11/03/2014	
Signature Supplies Signature	
(B) 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)	
upposition indicately by that indicately)	
ANDRES PLASENCIA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	