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TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: GRAND PHARM	ACY-DISCOUNT, INC	
DOCUMENT NUME			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	TERESA TORRES REYES		
		Name of Contact Persor	1
	GRAND PHARMACY-DISC	COUNT, INC	
		Firm/ Company	
	12486 SW 8 ST		
		Address	
	MIAMI, FL 33184		
		City/ State and Zip Code	•
gsbac	counting@hotmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
TERESA TORRES R	EYES	at (786	991-4181 de & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Tele		de & Daytime Telephone Number	
Enclosed is a check fo	r 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

SECRETATIVE OF CO. . He

,	Articles of Incorporati	on	DIVISION OF CORPORATES
Grand F	hismacu - Dis	Scount, Inc	C ,15 SEP -4 PM 1:40
	of Corporation as currently filed w	/ ***	
	P150000 3487	\mathcal{A}	
	(Document Number of Corpora	ation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Florida</i> a	Profit Corporation adopts t	the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
name must be distinguishable and con-	tain the word "cornoration" "co	nnany" or "incorporated	The new
"Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co". A	professional corporation i	name must contain the
B. Enter new principal office address, (Principal office address MUST BE A S			
			
C. Enter new mailing address, if appli			
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX		
D. If amending the registered agent an		lorida, enter the name of	<u>the</u>
new registered agent and/or the new	·		
Name of New Registered Agent	TERESA TORRES REYES		
	12486 SW 8 ST		
	(Florida street addre	55)	
New Registered Office Address:	MIAMI, FL	, Flor	
	(City)		(Zip Code)
	(City)		(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		accept the obligations of th	he position.
a	Dounald		
- 7 /	Signature of New Parison	Theant if changing	

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)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	SAIRY ABREU	281 NW 82 AVE
Add			MIAMI, FL 33182
Remove 2) Change	P	TERESA TORRES REYES	12486 SW 8 ST
X Add			MIAMI, FL 33184
Remove 3) Change			
Add		<u> </u>	
Remove			
4) Change	-	_	
Add Remove			
5) Change			
Add			
Remove			
6) Change			
Add			

ttach additional sheets, if necessary).	cles, enter change(s) (Be specific)	<u></u>		
<u> </u>				
		· · · · · · · · · · · · · · · · · · ·		
				<u> </u>
				
				
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		m or cancellation s	f issned shares.	
provisions for implementing the ame	hange, reclassification in the manage of the	ined in the amenda	ent itself:	
an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification in the contact of the conta	ined in the amendn	ent itself:	
provisions for implementing the ame	hange, reclassification in the contact of the conta	ined in the amenda	ent itself:	
provisions for implementing the ame	hange, reclassification andment if not conta	ined in the amenda	ent itself:	
provisions for implementing the ame	hange, reclassification in the contact of the conta	ined in the amenda	ent itself:	
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provisions for implementing the ame	hange, reclassification	ined in the amenda	ent itself:	
f an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification	ined in the amenda	ent itself:	

•	08/29/2015		
The date of each amendment(s) a	doption:	, i	f other than the
late this document was signed.		SEGRETARY	FOF SINE
Effective date <u>if applicable</u> :		DIVISION OF CH	ORFORATIONS
<u></u>	(no more than 90 days after amendment file date)	15 SEP -4	PH 1:40
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, epartment of State's records.	this date will not	be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for the amend afficient for approval.	lment(s)	
	proved by the shareholders through voting groups. The following streach voting group entitled to vote separately on the amendment(s		
	for the amendment(s) was/were sufficient for approval		
bv	(voting group)		
	(voting group)		
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	reholder	
The amendment(s) was/were addressed action was not required.	opted by the incorporators without shareholder action and shareholder	lder	
08/29/2015	5		
Dated			
Signature (ge well	. 1	
	Irrector, president or other officer—if directors or officers have noted, by an incorporator—if in the hands of a receiver, trustee, or oth		
	ted fiduciary by that fiduciary)	ier comit	
	TERESA TORRES REYES		
	(Typed or printed name of person signing)		
	PRESIDENT		
	(Title of person signing)		