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C. CARROTHERS

SECRETARY OF STATE SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: AMERICAN DRUGS PHARMACY INC DOCUMENT NUMBER: P15000086026 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **IDALMIS MORONTA** Name of Contact Person Firm/ Company 82111 10TH AVE., LAKE WORTH, FL 33461 City/ State and Zip Code INFO@ACCOUNTING2EASY.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **IDALMIS MORONTA** Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee **□\$43.75** Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

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
Tallahassee, FL 32301

is enclosed)

Articles of Amendment to Articles of Incorporation of

AMERICAN DRUGS PHAR	RMACY INC			
<u> </u>	rently filed with the Florida Dept. of State)			
P15000086026				
(Document Nu	imber of Corporation (if known)			
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	6. Florida Statutes, this Florida Profit Corporation adopts the following	g amer	ndment(s)) to
A. If amending name, enter the new name of	of the corporation:			
N/A		The	new	
name must be distinguishable and contain "Corp.," "Inc.," or Co" or the designation word "chartered," "professional association,		- bbrevia	ation	
B. Enter new principal office address, if ap (Principal office address MUST BE A STRE	oplicable: ET ADDRESS)	•		
			2	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF			AIR JUL -5 PH	1 T
			ii 2: 00	1,_
new registered agent and/or the new reg	registered office address in Florida, enter the name of the pistered office address: OALMIS MORONTA	5.e	لسا	
Name of New Registered Agent				
21	111 10TH AVE.,LAKE WORTH, FL 33461			
New Registered Office Address: N/	(Florida strect address) A, Florida			
	(City) (Zip Code)			
Sle	, ,			

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 De	<u>oe</u>	
X Remove	$\underline{\mathbf{v}}$	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Si	mith_	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	VPT		CARLOS JESUS GARCIA	2111 10TH AVE.,
Add				LAKE WORTH, FL 33461
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)				
	i necessary). (Be spec	yic)		
N/A				
				
				
				
F. <u>If an amendment provide</u>	s for an exchange, recl	assification, or cand	cellation of issued s	hares,
provisions for implemen (if not applicable, ind		not contained in the	amendment itself:	
N/A	,			
	<u> </u>			

The date of each amendment(s) adoption: N/A	, if other than the
date this document was signed.	
Effective date if applicable: N/A	
(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 06/30/2016	
Signature Allau.	
(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)	
IDALMIS MORONTA	
(Typed or printed name of person signing)	<u></u>
PCEO	
(Title of person signing)	