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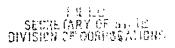
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: GIO RX SCRIPTS		
DOCUMENT NUM	D15000000000		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	ter to the following:	
	HERMES A. FERRER		
		Name of Contact Person	1
	GIO RX SCRIPTS		
		F:1 C	
	4220 OM OTH OT	Firm/ Company	
	4338 SW 8TH ST		
		Address	
	MIAMI, FL 33134		
		City/ State and Zip Code	e
IIO N	MEGAL EVEEDBE OVALIO	0.0014	
HEK	MESALEXFERRR@YAHOO		
	E-mail address: (to be us	ed for future annual report	notification)
For further information	n concerning this matter, pleas	e call:	
HERMES A. FERRE	ER	at (de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	or 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)
Ma	iling Address	<u>St</u> reet	Address
	endment Section	Amendment Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327			Building executive Center Circle
Tallahassee, FL 32314		2001 E	Accurive Cemer Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



GIO RX SCRIPTS INC

15 NOV 23 AM 10: 52

GIO RA SCRIFTS INC		
(Name o	of Corporation as currently	filed with the Florida Dept. of State)
P15000086861		
	(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, this F	Clorida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new na	ame of the corporation:	
		The new
	ation "Corp," "Inc," or "C	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the P.A."
B. Enter new principal office address, Principal office address <u>MUST BE A S</u>	<u>if applicable:</u> TREET ADDRESS)	
Enter new mailing address, if appli		
(Mailing address MAY BE A POST)	OFFICE BOX)	
D. If amending the registered agent an	nd/or registered office addre	ess in Florida, enter the name of the
new registered agent and/or the new		
Name of New Registered Agent	HERMES A. FERRER	
<u> </u>	14534 SW 93 TERR	
	(Florida stre	et address)
N = 0 = 100 = 111 =	MIAMI	. Florida 33186
New Registered Office Address:		City) (Zip Code)
	6	City) (Zip Code)
New Registered Agent's Signature, if c	hanaina Registered Agent.	
		ith and accept the obligations of the position.
	(TIP)	
	Signature of New Re	egistered Agent, 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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Р	YORDY ESTRADA	3650 NW 36TH ST
Add			APT # 402
X Remove			MIAMI, FL 33142
2) Change	P	HERMES A. FERRER	14534 SW 93 TERR
X Add			MIAMI, FL 33186
Remove			
3) Change		-1/0	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	 		
Add			
Remove			
6) Change			
Add			**************************************
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Re specific)	
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f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
(If not applicable, indicate N/A)		
	11-74-74-74	
		 .

11-13-2015	
The date of each amendment(s) adoption:late this document was signed.'	SESSE FAR: 14 and
11-13-2015	DIVISIEN OF cose เล้าสาราช
Effective date if applicable:	TE NOW OD ALLO TO
(no more than 90 days after amendment fit	le date) 15 NOV 23 AM 10: 52
Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for to by the shareholders was/were sufficient for approval.	he amendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The fee must be separately provided for each voting group entitled to vote separately on the ame	
"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 action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and action was not required.	
13 2/2	
Dated 11 - 13 - 1015	
THE R	
Signature	
(By a director, president or other officer – if directors or officer	
selected, by an incorporator – if in the hands of a receiver, trust appointed fiduciary by that fiduciary	ee, or other court
orby latinderally)	A Bubairr
(Typed or printed name of person signing)	1
+ RESIDENT	+ .
(Title of person signing)	