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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ALOE DRUG MA	RT & MEDICAL SUPPLI	ES INC.	
	BER: P15000090403			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	Tabitha A. Taylor, Esq.			
	•	Name of Contact Person	n	
	Bryant Taylor Law PLLC			
		Firm/ Company	, <u>, , , , , , , , , , , , , , , , , , ,</u>	
	261 N. University Drive #500	0		
		Address		
	Plantation, FL 33324			
		City/ State and Zip Cod	e	
ttav	lor@sbttlaw.com			
		to be used for future annua	l report notification)	
For further information	on concerning this matter, plea	se call:		
Tabitha A. Taylor		954	282-9331	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Dep	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)	
Mailing Add Amendment Division of C P.O. Box 63	Section Corporations 27	Divisio The Co	dment Section on of Corporations entre of Tallahassee	
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303



October 26, 2020

TABITHA A. TAYLOR, ESQ. 2ND MAILING BRYANT TAYLOR LAW PLLC 333 LAS OLAS WAY #416 FORT LAUDERDALE, FL 33301

SUBJECT: ALOE DRUG MART & MEDICAL SUPPLIES INC

Ref. Number: P15000090403

We have received your document for ALOE DRUG MART & MEDICAL SUPPLIES INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the titles for all officer/directos listed.

The date of adoption of each amendment must be included in the document.

If the corporation is a **PROFIT** corporation it must be signed 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.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

www.sunbiz.org

Letter Number: 020A00019928

FLORIDA DEPARTMENT OF STATE Division of Corporations

October 11, 2020

TABITHA A. TAYLOR, ESQ. BRYANT TAYLOR LAW PLLC 33 LAS OLAS WAY #416 FORT LAUDERDALE, FL 33301

SUBJECT: ALOE DRUG MART & MEDICAL SUPPLIES INC

Ref. Number: P15000090403

We have received your document for ALOE DRUG MART & MEDICAL SUPPLIES INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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Irene Albritton Regulatory Specialist II

Letter Number: 020A00019928

Articles of Amendment to Articles of Incorporation of

ΑI	OF.	DRUC	MART	& MEDICAL	SUPPLI	ES INC.
\sim		UNU	1417-11/1	L 1711/1/1/1/1	2 17121 t tak	11110

(Name of Corporation as	currently filed with the Florida I	Dept. of State)	
P15000090403			
(Documen	t Number of Corporation (if knowr	n)	
Pursuant to the provisions of section 607. Incorporation:	1006, Florida Statutes, this corpora	ation adopts the following amendment(s)	to its Articles
A. If amending name, enter the new na	ame of the corporation:		
name must be distinguishable and contain "Inc" or Co.," or the designation "C "chartered," "professional association,"	Torp," "Inc," or "Co". A profes	y," or "incorporated" or the abbreviation ssional corporation name must contain	The new "Corp.," the word
B. Enter new principal office address, (Principal office address MUST BE A S	if applicable:		
(Mailing address MAY BE A POST of the second of the registered agent and new registered agent and/or the new	d/or registered office address in	Florida, enter the name of the	
new registered agent and/or the nev	BRYANT TAYLOR LAW PLLC		
Name of New Registered Agent			
	261 N. UNIVERSITY DRIVE #50		
New Registered Office Address:	(Florida street add	, Florida 33324	
	(City)	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent: erest agent. I am fassiliar with and	d accept the obligations of the position.	

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>	<u>Name</u>	<u>Addres</u> s
1) Change	P	ADIMULA, ADEKUNLE	17039 SW 54TH COURT
Add			MIRAMAR, FL 33027
X Remove			
2) Change			_
Add			
Remove Change			
Add			
Remove			(1997) 1000
4) Change	<u> P</u>	Adesco Holdings LLC	1309 Coffeen Avenue STE 1200
X Add			Sheridan, Wyoming 82801
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. <u>ir an</u> Atta	ch addition	al sheets, if	necessary)	rticles, enter . (Be spec	ifici	iere.			
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u <u>mar</u> pro	<u>amename</u> visions for	<u>nt provide</u> implemen	s for an ex- ting the an	change, recl tendment if	not contain	, or cancena led in the ar	<u>ition of issu</u> nendment it	<u>ed snares.</u> self:	
	(if not app	licable, ind	icate N/A)						
						<u> </u>			
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						- <u>-</u>			

The date of each date this documen	amendment(s) adoption: _ nt was signed.	11/20/2020	if other than the
Effective date <u>if</u>	applicable:	(no more than 90 days after amendment file day	
	e inserted in this block does tive date on the Department	not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Am	endment(s) (<u>C</u>	CHECK ONE)	
The amendme action was not	• •	ne incorporators, or board of directors without share	eholder action and shareholder
	ent(s) was/were adopted by the olders was/were sufficient for	ne shareholders. The number of votes cast for the a pproval.	mendment(s)
		the shareholders through voting groups. The following group entitled to vote separately on the amendm	
"The nu	imber of votes cast for the an	nendment(s) was/were sufficient for approval	
by		······································	
	(1	roting group)	
	11 / 20 / 2020 Dated		
		AND	
	selected, by an ir	esident or other officer – if directors or officers have neorporator – if in the hands of a receiver, trustee, or ary by that fiduciary)	
	Ade Ad	imula	
		(Typed or printed name of person signing)	<u> </u>
	Pv	resident	
	`` _	(Title of person signing)	