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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: NEW LIFE PHA	RMACY, INC	
DOCUMENT NUMBER: P16000029099		
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
SULYN BETANCOURT F	RODRIGUEZ	
- Carlant	Name of Contact Person	n
13003 SW 222 ST	Firm/ Company	
	Address	
MIAMI, FL 33170		
	City/ State and Zip Cod	e
NEWLIFEPHARMACIES@GM	AIL.COM	
E-mail address: (to be	used for future annual report	notification)
For further information concerning this matter, ple	rase call:	
SULYN BETANCOURT RODRIGUEZ	at (305	de & Daytime Telephone Number
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount mad	e payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 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 Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

NEW LIFE PHARMACY INC

(Name o	of Corporation as currently	filed with the Florida Dept. of State)		
P16000029099				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this F	Florida Profit Corporation adopts the fo	llowing amendme	ent(s) to
A. If amending name, enter the new na	ime of the corporation:			
			The new	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	lo". A professional corporation name		
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>	<u>OFFICE BOX</u>)	·	<u>≯</u> 8	
				==
D. If amending the registered agent an	d/or registered office addre	ess in Florida, enter the name of the		m
new registered agent and/or the new	<u>v registered office address:</u>	,	07	_
Name of New Registered Agent	FRANK PREMPEH		NII OZ	
	13003 SW 222 ST		» N	
	(Florida stre	•		
New Registered Office Address:	MIAMI	, Florida_33	170	
ME MANUEL OFFICE MANUEL.	(City)	(Zip Code)	
New Registered Agent's Signature, if c			•••	
I hereby accept the appointment as regist	erea ageni. Tam jamiliar w Al La	un ana accept the obugations of the pos	иноп.	
		wistered 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>	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	PT	FRANK PREMPEH	13003 SW 222 ST
XAdd			MIAMI, FL 33170
Remove			
2) Change	PT -	SULYN BETANCOURT RODRIGU	13003 SW 222 ST
Add			MIAMI, FL 33170
X Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	icles, enter change(s) l (Be specific)	- -		
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an amendment provides for an exch		an agraellation of in	und abores	
	ndment if not contain	ed in the amendment	itself:	
rovisions for implementing the ame			<u> </u>	
rovisions for implementing the ame (if not applicable, indicate N/A)				
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01/12/2018	ic a a a
	, if other than the
date this document was signed.	
01/12/2018 Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this da document's effective date on the Department of State's records.	te will not be listed as the
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.	5)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statements be separately provided for each voting group entitled to vote separately on the amendment(s):	ent en
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by 100% "	
by	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholde action was not required.	er
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
01/12/2018	
Signature Datan	
(By a director, president of their officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other courappointed fiduciary by that fiduciary)	rt
SULYN BETANCOURT RODRIGUEZ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	