## P16000 071 126

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(Add	lress)	
(City	/State/Zip/Phone	e #)
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Wellington RX, II	nc.				
DOCUMENT NUMB	ER:					
The enclosed Articles (	of Amendment and fee are su	bmitted for filing.				
Please return all corres	pondence concerning this ma	tter to the following:				
	Elizabeth Steward					
•		Name of Contact Persor	1			
	Wellington Rx. Inc.					
	Firm/ Company					
	3361 Fairlane Farms Rod					
		Address				
	Wellington, FL 334014					
		City/ State and Zip Code	2			
este	ward@wellingtonrxinc.com					
	•	sed for future annual report	notification)			
For further information	concerning this matter, pleas	se call:				
Elizabeth Steward		at ( <u>561</u>	223.8553			
Name c	f Contact Person	Area Co	de & Daytime Telephone Number			
finclosed is a check for	the following amount made	payable to the Florida Depa	irtment of State:			
□ \$35 Filing Fee	S43.75 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 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				

In organization

## Articles of Amendment to Articles of Incorporation

Wellington, Rx, Inc.			
(Name (	of Corporation as currently	filed with the Florida Dept. of State)	
P16000071126			
	(Document Number of C	Torporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006. Florida Statutes, this Fi	lorida Profit Corporation adopts the fo	dlowing amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc." or "C	o". A professional corporation name	the abbreviation
B. Enter new principal office address, (Principal office address MUST BE A S			
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			SECRETARY OF C
D. If amending the registered agent an new registered agent and/or the ne		ss in Florida, enter the name of the	a a care
Name of New Registered Agent	Frank P. Suess		38.ATTORS
	3361 Fairlane Farms Road		- C
	(Florida stree	et address)	
New Registered Office Address:	Wellington.	, Fłorida	3414
	((	Tity)	(Zip Code)
New Registered Agent's Signature, if ell hereby accept the appointment as regis			sition.

## 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: XChange	<u>rq</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>		Address
1) Change	р. <u>Г</u> .	Elizabeth Steward		3361 Fairlane Farms Road
Add				Wellington, FL 3414
X Remove				
2) Change	РТ	Frank P. Suess		3361 Fairlane Farms Road
X Add			•	Wellington, FL 33414
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
51 Change				
Add				
Remove				
6) Change				
			·	
Add				
Remove				

If amending or adding additional Arti Attach <i>additional sheets, if necessary).</i>	(Be specific)			
		<del>-</del>		
			<u>.</u> <u>-</u>	
	•			
	·	-		
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate NoA)	ange, reclassification in the national industrial indus	on, or cancellation ined in the amend	of issued shares. Iment itself:	

The date of each amendment(s) adoption:	, if other than the
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 date document's effective date on the Department of State's records.	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 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)	
☐ 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.	
9/1/2019 Dated	
Signature	
Signature  (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 Educiary)	
(Typed orderinted name of person signing)	
Frank P. Suess	
(Title of person signing)	