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17 KN 30 PN 4: 14

JUN 06 2017 R. WHITE

COVER LETTER

TO: Amendment Section

Division of Corpo	rations			
NAME OF CORPOR	ATION:	ANT RX INC		
	P170000	07263		
DOCUMENT NUMB				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
_	RA	JDEEP PATEL		
		Name of Contact Perso	n	
	17806 CA	NARY POINT LN		
-	TAMPA, F	Address 33647		
-		City/ State and Zip Cod	c	
	MAHANTRX@GM	AIL.COM		
	E-mail address: (to be used for future annua	l report notification)	
For further information	concerning this matter, pleas	se call:		
RAJDEE	P PATEL	at (917	7490404	
Name o	f Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
₹ \$35 Filling 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 Address			Address	
	ndment Section		Iment Section	
	sion of Corporations Box 6327	Division of Corporations Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

17 MAY 30 PH 4: 44

MAHANT RX INC

its Articles of

(Name of Corporation as currently filed with t	the Florida Dept. of State)
P1700007263	
(Document Number of Corporati	on (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes Incorporation:	, this corporation adopts the following amendment(s) to its Art
A. If amending name, enter the new name of the corporation	<u>a:</u>
name must be distinguishable and contain the word "corpo	The new
"Corp.," "Inc.," or Co.," or the designation "Corp." "Inc.," word "chartered," "professional association," or the abbreviat	or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	136 SOUTH MAIN ST SUITE B
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	BELLE GLADE FL 33430
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	BELLE GLADE FL 33430
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ado	
Name of New Registered Agent	
10	
NH (Flori	ida street address)
New Registered Office Address:	City) (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A	
I hereby accept the appointment as registered agent. I am fami	liar with and accept the obligations of the position.
Signature of New Registe	wad Avant if showing

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	VSD	DHRUVANG PATEL	2400 NW 105th Terrace CORAL SPRING FL-33065
X Add			CONAL SERING FL-33003
Remove			
2) Change			
Add		,	
Remove		AW	
3) Change			The state of the s
Add			
Remove		ar A	
4) Change		1/1/13	
Add		. ^	
Remove		μ_{l}	
5) Change			da
Add		10	
Remove		M	
6) Change			
Add			
Remove			

•	If amending or adding additional Articles, enter change(s) here:
	(Attach additional sheets, if necessary). (Be specific)
-	
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	· v 1/2
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f	an amendment provides for an exchange, reclassification, or cancellation of issued shares,
<u>_</u>	royisions for implementing the amendment if not contained in the amendment itself:
***	(if not applicable, indicate N/A)
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	ndment(s) adoption:05/01/2017	, if other than the
date this document was	· ·	
Effective date if appli	cable: 05/01/2017	
	(no more than 90 days after amendment file date)	
Adoption of Amendm	ent(s) (CHECK ONE)	
	vas/were adopted by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.	
	vas/were approved by the shareholders through voting groups. The following statement 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)	
action was not requi	vas/were adopted by the incorporators without shareholder action and shareholder	
action was not requi	red.	
Date	d05/01/2017	
Sign		
	(By a director, president or other officer – if directors of officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	URMIL SHAH	
	(Typed or printed name of person signing)	
	DIRECTOR AND PRESIDENT	
	(Title of person signing)	