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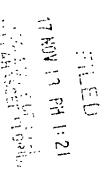


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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	PSRX INC RATION:		
DOCUMENT NUM	P17000059428 BER:		
The enclosed Articles	of Amendment and fee are su	ubmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	Thomas McCarthy Jr., Esqui	ге	
		Name of Contact Person	
	Law Offices of Thomas McC	Carthy, Sr. P.C.	
		Firm/ Company	
	917 Ravenshead Rd.		
		Address	
	Annapolis, MD 21405		
		City/ State and Zip Code	
tom.	mccarthy11@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Thomas McCarthy, Jr.		443 at (	994-0078 _)
Name	of Contact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment of State:
□ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	iling Address		Address
Amendment Section		Amendment Section	
Division of Corporations P.O. 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

PSRX INC.	
(Name of Corporation as P17(000059428	s currently filed with the Florida Dept. of State)
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statits Articles of Incorporation:	ntutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	ration:
	The new corporation," "company," or "incorporated" or the abbreviation lnc," or "Co". A professional corporation name must contain the reviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u>N/A</u> <u>SS</u> )
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	c/o Law Offices of Thomas McCarthy Sr. P.C.
	917 Ravenshead Road Annapolis MD 21405
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office.	
N/A  Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	red Agent:
Sionature	e of New Registered 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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PT	Kimberley McFarland	1419 Catherine Street
Add			Orlando, FL 32801
X Remove			
X 2) Change	SVD	Ashley Dike	942 Warehouse Road, Apt, 70113
Add			Orlando, FL 32803
Remove			701 D D : . D
3) Change	PTD	Colleen Shields	701 PearsonPoint Place
X Add			Annapolis MD 21401
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	es, enter change(s) here: (Be specific)	
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		n of issued shares.
If an amendment provides for an excha	nge, reclassification, or cancellatio	
provisions for implementing the amen	nge, reclassification, or cancellation ment if not contained in the amen	dment itself:
(if not applicable, indicate N/A)	nge, reclassification, or cancellation Iment if not contained in the amen	dment itself:
(if not applicable, indicate N/A)	nge, reclassification, or cancellation innent if not contained in the amen	dment itself:
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If an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	nge, reclassification, or cancellation in the amen	dment itself:
(if not applicable, indicate N/A)	nge, reclassification, or cancellation in the amen	dment itself:
(if not applicable, indicate N/A)	nge, reclassification, or cancellation ment if not contained in the amen	dment itself:
(if not applicable, indicate N/A)	nge, reclassification, or cancellation ment if not contained in the amen	dment itself:

•	November 7, 2017	
The date of each amendment(s date this document was signed.		, if other than the
	Flovember 7, 2017	
Effective date <u>if applicable</u> : _	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
·		
	er 8, 2017	
Dated		
117	$\checkmark$ 1.	
Signature(Be	a director, president or other officer – if directors or officers have not been	
	eted, by an incorporator – if in the hands of a receiver, trustee, or other court	
арро	sinted fiduciary by that fiduciary)	
	Colleen Shields	
	(Typed or printed name of person signing)	<del></del>
	Director, President and Treasurer, PSRX INC	
	(Title of person signing)	