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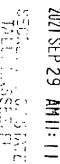
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	n: <u>Blue Ro</u>	ise Scripts .	mando al a d		
DOCUMENT NUMBER: _	P190000412	05			
The enclosed Articles of Ame	mdment and fee are sub	omitted for filing.			
Please return all corresponder	nce concerning this mat	tter to the following:			
		Salicitis Name of Contact Person			
Blue Ruse Scripts Firm/ Company					
_2)	505 Sw Scin	Avenue Address , FL 33433 City/ State and Zip Code			
	1111	City/ State and Zip Code	;		
E	MEXIS . Soulic mail address: (to be us	ctis @ 9mg11-Con cod for future annual report	notification)		
For further information conce	ming this matter, pleas	se call:			
Alexis Swill Name of Cont	対与 act Person	at (305 Area Coo	3 18 - 9271 de & Daytime Telephone Number		
Enclosed is a check for the fo	llowing amount made p	payable to the Florida Depa	artment of State:		
-	\$43.75 Filing Fee & Certificate of Status	\$43,75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Amend Divisio The Ce	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporati	on as currently filed with t		
Blue Rose Secots Inca	concated	P190000	-1120S
Blue Rose Scripts Inco	ment Number of Corporation	(if known)	
Pursuant to the provisions of section 607,1006, Floridates Articles of Incorporation:	a Statutes, this <i>Florida Profu</i>	t Corporation adopts the fo	ollowing amendment(s)
A. If amending name, enter the new name of the co	orporation:		
Soul Fure Froc.			The new
name must be distinguishable and contain the word "co"Inc.," or Co.," or the designation "Corp." "Inc. "chartered." "professional association," or the abbre	" or "Co". A professiona	"incorporated" or the abbi I corporation name must	reviation "Corp.," contain the word
B. Enter new principal office address, if applicable	<u></u>		
(Principal office address <u>MUST BE A STREET ADI</u>	DRESS)		SE T
			79
			
C. Enter new mailing address, if applicable:			野きて
(Mailing address MAY BE A POST OFFICE BO	<u></u>		<u> </u>
			· —
			
D. If amending the registered agent and/or registe		a, enter the name of the	
new registered agent and/or the new registered	office address:		
Name of New Registered Agent		<u> </u>	
	(Florida street address)		
New Registered Office Address;		. Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	gistered Agent:	nt the obligations of the no	citize
тистепу иссері те арропитені ак тедіметей адені.	Tum juminur wan una accej	n the obligations of the po.	and the same of th
Sign	ature of New Registered Age	nt, if changing	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Do</u>	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
X Add	<u>\$V</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change			-	
Add				
Remove Change		_		-
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Кетюус				

	sheets, if necessary).	(Be specific)			
	 -				
					
	 -				
	 				
				 	
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					<u> </u>
		human madawiffa.			
sa amondment :	nlementing the am	endment if not cor	ntained in the amer	ni <u>yr issucu snares.</u> idment itself:	i .
an amendment		endment to not co.	the ame	TOTAL TRANSPORT	
an amendment rovisions for im (if not applica	able, indicate N/A)				
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. . .

The date of each amendment(s) adoption: date this document was signed.	, if other than
Effective date if applicable: September 6th 2021 (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 dedocument's effective date on the Department of State's records.	ate will not be listed a
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.	ion and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
Dated 09/06/2021 Signature AM & W (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 courappointed fiduciary by that fiduciary)	ırt
(Typed or printed name of person signing)	
(Title of person signing)	

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