## 721000063590

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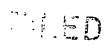
A. Butter

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: EMMANUEL PHA	ARMACY CORP			
DOCUMENT NUM	BER: P21000063590				
The enclosed Articles	The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:			
	ROLENI E. VARELA				
	Name of Contact Person				
	EMMANUEL PHARMACY CORP				
	Firm/ Company				
	4400 SW 164TH PATH				
		Address			
	MIAMI_FL 33185				
	City/ State and Zip Code				
	roleni.varela@gmail.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informatic	on concerning this matter, pleas	se calt:			
ROLENI E. VAREL.	A	at (	8902468		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐S43.75 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

## Articles of Amendment to Articles of Incorporation of



EMMANUEL PHARMACY CORP

(Name of Corporati	ion as currently fil	ed with the Florida	Deol. of State)	AM 7: 6.1
P21000063590				
(Docur	nent Number of Co	rporation (if known)	(41) 10 ;	OF STATE
Pursuant to the provisions of section 607,1006, Floridates Articles of Incorporation:				
A. If amending name, enter the new name of the c	orporation:			
ENMANUEL PHARMACY CORP				The new
name must be distinguishable and contain the word "c "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbre	" or "Co". A pr			viation "Corp.,"
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u>				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	-  DX)			
	-			
D. If amending the registered agent and/or registered new registered agent and/or the new registered		in Florida, enter th	e name of the	
Name of New Registered Agent				
	(Florida street a	ddress)		<del></del>
New Registered Office Address:			, Florida	
	(City	c)		(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		and accept the oblig	ations of the posit	ion.
	ature of New Regis	tered Agent, if chang	ing	
		·		

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)

Example:

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.

X Change	PT	<u>John Do</u>	<u>ıc</u>	
X Remove	<u>V</u>	<u>Mike Jo</u>	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		·
Add				
Remove				
2) Change	<del></del>	<del></del>		
Add				
Remove 3 ) Change				
Add				
Remove				
4) Change		<del></del>		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

	idding additional Articles, enter change(s) here: I sheets, if necessary). (Be specific)
<del></del>	
<del></del>	
	W. J. J.
`an amendmen	t provides for an exchange, reclassification, or cancellation of issued shares,
<u>provisions for i</u>	mplementing the amendment if not contained in the amendment itself:
(if not appli	cable, indicate N/A)
	<u> </u>
	7
	<del></del> <del></del>

•

	10/11/2021	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	VI 1/2021	
Effective date if applicable:	/11/2021	
	(no more than 90 days after amendment file	date)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing require Department of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without sh	areholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for th sufficient for approval.	e amendment(s)
	pproved by the shareholders through voting groups. The follower each voting group entitled to vote separately on the amend	
"The number of votes ex	st for the amendment(s) was/were sufficient for approval	
by		
· · · · · · · · · · · · · · · · · · ·	(voting group)	
10/11/20 Dated	Jolen Onla	
selec	director, president or other officer – if directors or officers hed, by an incorporator – if in the hands of a receiver, trustee inted (iduciary by that fiduciary)	
	ROLENUE, VARELA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	