

P99000038451

(Requestor's Name)

Ola's Pharmacy
765 E 9th St
Hialeah 71 33010

(City/State/Zip/Phone #)

MAIL

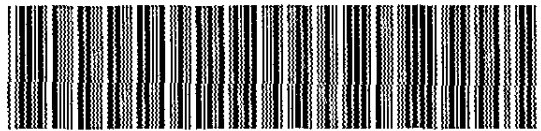
(Business Entity Name)

(Document Number)

Certificates of Status

Special Instructions to Filing Officer:

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11-24-16 110135 - 0117 *\$25.00

FILED
03 DEC 31 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend.
m/m
1/6/04

Ola's Pharmacy, Inc
765 E. 9th Street
Hialeah, Florida 33010
305 805-5509

December 29, 2003

Division of Corporations
P O Box 6327
Tallahassee, Fl 32314

Ref: P99000038451

As per your request enclosed find the correction made to the Register Agent address.

Our business telephone number is (305) 805-5509

Thank you,

A handwritten signature in black ink, appearing to read 'Teresa Taborda', is written over a horizontal line.

Teresa Taborda



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

December 3, 2003

OLA'S PHARMACY, INC.
765 E. 9TH ST.
HIALEAH, FL 33010

SUBJECT: OLA'S PHARMACY, INC.
Ref. Number: P99000038451

We have received your document for OLA'S PHARMACY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please note that the registered office listed in the body of the amendment and the registered office listed on the last page must be the same. Please correct your document accordingly.

If you have any questions concerning the filing of your document, please call (850) 245-6027.

Michelle Milligan
Document Specialist

Letter Number: 603A00064910

RECEIVED
03 DEC 31 AM 11:30
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF**

FILED

03 DEC 31 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ola's Pharmacy, Inc.

Ola's Pharmacy, Inc.

(present name)

P99000038451

(Document Number of Corporation (If known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: *(indicate article number(s) being amended, added or deleted)*

Article VI of the corporation: The new President, Secretary and Treasure fo the corporation is Miriam Yanes, 9215 SW 41st Street, Miami Florida 33165.

The sole Director of the corporation is Miriam Yanes, 9215 SW 41st Street, Miami Florida 33165.

Article IV of the corporation: The new Register Agent is Miriam Yanes, 9215 SW 41st Street, Miami FLorida 33165.

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

THIRD: The date of each amendment's adoption: November 10, 2003

FOURTH: Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) 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.

Signed this 10th day of November, 2003

Signature _____

(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

Miriam Yanes

(Typed or printed name)

President

(Title)

Attachment

CERTIFICATE OF DESIGNATION
REGISTER AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the law of the State of Florida, submits the following statement in designating the register office/registered agent, in the State of Florida

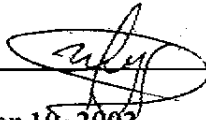
The name of the corporation is: Ola's Pharmacy, Inc.

The name and address of the register agent and office is: Miriam Yanes

9215 SW 41 ST
MIAMI FL 33165

Having been named as Registered Agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent

Signature



Date: November 10, 2003