502978

(Re	equestor's Name)				
(Ac	ddress)				
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(Ci	ty/State/Zip/Phon	e #)			
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(Bu	usiness Entity Nar	ne)			
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: Brooksville Drugs	s, Inc.				
DOCUMENT NUM						
	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	Frank J. Pomarico					
		Name of Contact Person	n			
	Benzer Pharmacy					
		Firm/ Company				
	5908 Breckenridge Parkway					
		Address				
	Tampa, FL 33610					
		City/ State and Zip Cod	e			
fpor	narico@benzerpharmacy.co	om				
-	E-mail address: (to be us	sed for future annual report	notification)			
For further informatio	n concerning this matter, pleas	se call:				
Frank J. Pomarico		813) <u>304-2221 x 113</u>			
Name	of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:			
S35 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

Articles of Amendment to Articles of Incorporation of

Brooksville Drugs, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) S02978 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Benzer FL 39, Inc. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida (City) New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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 De	<u>oe</u>	١	
X Remove	<u>v</u>	Mike Jo	nes	NA	
X Add	<u>sv</u>	Sally Sn	nith	1.	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		<u>Addres</u> s
1) Change				·	
Add					
Remove					
2) Change			 ;		
Add					
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Damaya					

E. <u>If ame</u> (Attacl	ending or adding ac additional sheets, i	<mark>lditional Arti</mark> if necessary).	les, enter chan (Be specific)	ge(s) here:			
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	—— <i>N/A</i> —						
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		<u></u>					
							
i. <u>If an</u>	amendment provid	es for an exch	ange, reclassifi	cation, or ca	ncellation of	issued shares,	
prov	isions for implement if not applicable, in	nting the amer	idment if not c	ontained in t	the amendme	nt itself:	
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	N/A			<u> </u>			
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							<u>.</u>

The date of each amendment(s) adop	tion:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendme	
	(no more than 90 days after amendme	ent file date)
Note: If the date inserted in this bloc document's effective date on the Depar	k does not meet the applicable statutory filing tment of State's records.	requirements, this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopte by the shareholders was/were suffic	d by the shareholders. The number of votes cas ient for approval.	t for the amendment(s)
	red by the shareholders through voting groups. In the voting group entitled to vote separately on the	
"The number of votes cast for	the amendment(s) was/were sufficient for appro	val
by		
	(voting group)	
☐ The amendment(s) was/were adopte action was not required.	d by the board of directors without shareholder	action and shareholder
The amendment(s) was/were adopte action was not required.	d by the incorporators without shareholder actio	on and shareholder
9/24/18	5	
Dated'/ ' '/		
g: .	V. m.	
Signature(By a direc	etor, president or other officer – if directors or of	fficers have not been
selected, b	y an incorporator - if in the hands of a receiver, fiduciary by that fiduciary)	
Alp	pesh Patel	
	(Typed or printed name of person signif	ng)
Vio	ce President	

(Title of person signing)