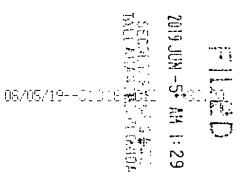
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Woeldwide Diabetic Health & Notation Center, LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
RALPH J. Amato Je. Name of Person
Firm/Company
1101 C 11 HILL TON- 11-1
1121 South Wilitary TRAIL #171
Deep held Beach, Fl. 33442
Verner Deach, Fl. 33476 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
RAIPH Hundo at (954) 650-4610 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status □ Certified Copy
STRUCT/COURIED ADDRESS.
MAILING ADDRESS: Registration Section Registration Section Registration 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 ORGANIZATION OF

WOLL awide DIABETS	C Heally Liability Compan Florida Limited Li	v as it now appears on our r	enter, LL ecords.)	<u>C</u>	
The Articles of Organization for this Limited Liab	oility Company v	عاد	2017	and assigned	
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liabi	lity company here:			
The new name must be distinguishable and contain the wor Enter new principal offices address, if applical (Principal office address MUST BE A STREET	ble:	ty Company," the designation 390 S.W. 12 Peer field Beach 3344)	the Av.	eviation "L.L.C."	_ _ _
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	1121 South #171 Deer Geld Bea	Military	于ra佳 3344年	1 1
B. If amending the registered agent and/o registered agent and/or the new registered offi	r registered of ice address here	fice address on our re	ecords, <u>enter t</u>	he name och	ie new
Name of New Registered Agent:	RALPH	T. Amaro Ja.			
New Registered Office Address:	390 S.U	U. J. AV. Enter Florida street	address		
	Deerfield	Beadi	, Florida	3442 Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> Address Type of Action 1121 S. Military TRAIL # 171 DAdd ☐ Change _ 🗆 Add ☐ Remove _□ Change □ Add ☐ Remove Change _□ Add _□ Remove _□ Change \square Add ☐ Remove _□ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

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Page 3 of 3

Filing Fee: \$25.00