

L07000027247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

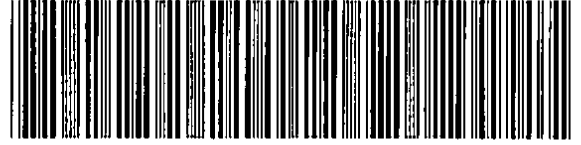
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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19 JUN 18 PM 6:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06/19/19--01001--008 **30.00

19 JUN 18 PM 4:42
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

K. SALY
JUN 19 2019

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

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P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP:

6/18/19

- CERTIFIED COPY _____
- PHOTOCOPY _____
- CUS Good Standing
- FILING Amendment

1. Worldwide Diabetic Health & Nutrition Center, LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WORLDWIDE DIABETIC HEALTH & NUTRITION 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 JR.

Name of Person

Firm/Company

1121 SOUTH MILITARY TRAIL #171

Address

DEERFIELD BEACH, FL 33442

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RALPH AMATO

954

650-4610

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &
Certificate of Status

\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
19 JUN 18 PM 6: 1
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

WORLDWIDE DIABETIC HEALTH & NUTRITION CENTER LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/12/2007 and assigned
Florida document number L07000027247

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1121 SOUTH MILITARY TRAIL #171
DEERFIELD BEACH FL 33442

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:


Name of New Registered Agent: RALPH J AMATO JR.

New Registered Office Address: 1121 SOUTH MILITARY TRAIL #171
Enter Florida street address

DEERFIELD BEACH, Florida 33442
City 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	BONNIE KNICKERBOCKER	19 N HIDDEN HARBOUR DR GULFSTREAM, FL	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RALPH J AMATO JR	1121 SOUTH MILITARY TRAIL #171 DEERFIELD BEACH FL 33442	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated June 18th 2019

Ralph J. Amato Tr. - RAJ
Signature of a member or authorized representative of a member

Ralph J. Amato Tr.
Typed or printed name of signee

Assignment

COMPREHENSIVE CARE MANAGEMENT, INC. of 20944 SHERMAN WAY, STE 115, CANOGA PARK, California, 91303 (the "Assignor") assigns the entirety of the Assignor's contractual rights and obligations under the contract dated May 15, 2019 for Membership Interest Purchase Agreement with Worldwide Diabetic Health & Nutrition Center, LLC DBA Worldwide DME RX and Bonnie Knickerbocker of 11 South Dixie Hwy, Lake Worth, Florida, 33460, which is attached hereto as Schedule "A", to Ralph J Amato of 1121 South Military Trail #171, Deerfield Beach, Florida, 33442 (the "Assignee").

In consideration thereof, the Assignor acknowledges receipt of No Consideration from the Assignee.

The Assignor warrants and covenants the following with regard to the contractual rights which the Assignor has assigned:

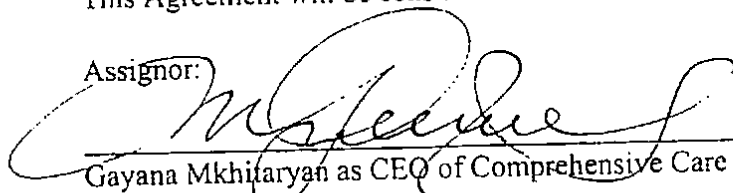
1. that they are still owing to the Assignor over and above all claims for set-off or otherwise;
2. that the Assignor has the right to assign the contract;
3. that the Assignor will not, after this Assignment takes effect, receive and accept the assigned contractual rights;
4. that the Assignor will not do any act which may prevent or hinder the Assignee from enforcing the assigned contractual rights; and
5. that the Assignor has not done or knowingly permitted any act, deed or thing by which the contractual rights can be impeached or affected in any manner.

The Assignor directs Worldwide Diabetic Health & Nutrition Center, LLC DBA Worldwide DME RX and Bonnie Knickerbocker to complete the contractual obligations, which would otherwise be owed to the Assignor but which have been transferred as indicated herein, with the Assignee.

It is agreed that this Assignment will ensure to the benefit of and be binding upon the parties to this Assignment, their heirs, executors, administrators, successors and assigns, respectively.

This Agreement will be construed in accordance with and governed by the laws of the State of Florida.

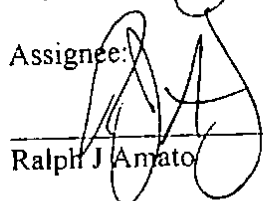
Assignor:



Gayana Mkhitarian as CEO of Comprehensive Care Management, Inc.

Date: 5/15/19

Assignee:



Ralph J Amato

Date: 5/16/19