

L080000046870

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000173841 3)))



H080001738413ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : TOBIN & REYES, P.A.
Account Number : 120000000155
Phone : (561)620-0656
Fax Number : (561)620-0657

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

WORLDWIDE WELLNESS PARTNERS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$30.00

Electronic Filing Menu

Corporate Filing Menu

Help

FILED
RECEIVED
08 JUL 16 AM 8:48
08 JUL 16 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H08000173841 3)))

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Worldwide Wellness Partners, 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 May 09, 2008 and assigned
Florida document number LD0000046870

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2348 Pine Street

(Principal office address MUST BE A STREET ADDRESS)

Naples, Florida 34112

Enter new mailing address, if applicable:

2348 Pine Street

(Mailing address MAY BE A POST OFFICE BOX)

Naples, Florida 34112

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:

New Registered Office Address:

(Enter Florida street address)

(City)

Florida

(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 608, 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)

(((H08000173841 3)))

(((H08000173841 3)))

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

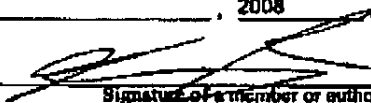
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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

Please add FEI Number 26-2723104

Dated July 7, 2008



 Signature of a member or authorized representative of a member

Kevin Thomas

Typed or printed name of signer

(((H08000173841 3)))

Page 2 of 2

Filing Fee: \$25.00

FILED
 08 JUL 16 AM 8:49
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA