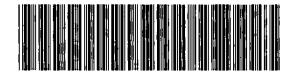
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SECRETARY OF STATE

RALLAHASSEE, FI DRIDA

J. SAULSBERRY EXAMINER OCT 15 2012

## **COVER LETTER**

TO: Registration Section

Tallahassee, FL 32314

Division of Cor	porations					
SUBJECT:	Worldwide Ma	rketing Services LI	_C			
	Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
		A : 142				
Ariel Klein Name of Person						
	Worldw	ide Marketing Service	e     C			
	44011044	Worldwide Marketing Services LLC Firm/Company				
	3997 Barbados Ave					
Address				•		
	Cooper City FL 33026		7317 SE			
		City/State and Zip Code				
	E-mail address: (	doudi@outlook.com to be used for future annual repo	ort notification)	12 12 12 12 12 12 12		
For further information c	oncerning this matter, please o	call:		2012 OCT 12 AM 80 5 SECRETARY OF STATI		
	Ariel Klein	054	918-2740	LOW S		
	f Person	at (at (	Daytime Telephone Number	: : : : :		
Enclosed is a check for the	ne following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55,00 Filing Fee & Certified Copy	\$60.00 Fil Certifica	ing Fee, te of Status &		
		(additional copy is er		l Copy nal copy is enclosed)		
				·•		
MAH	ING ADDRESS:	STDFFT/C	OURIER ADDRESS:			
Registr	Registration Section Registration Section					
	on of Corporations ox 6327	Division of Corporations Clifton Building				

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nufarma Group	20/20 LLC			_	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appear	s on our records.)		_	
(A Frontial Ellinoa Elli	omity Company)				
The Articles of Organization for this Limited Liability Company were filed on May 4th 2012 and					
Florida document numberL12000060834					
<del></del>					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabili	ty company her	<u>e</u> :			
Worldwide Marketing	Services LLC				
The new name must be distinguishable and end with the words "Limite "L.L.C."			'LLC" or t	he abbr	eviation
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)	- <u></u> -	•	_ مياض	(Section 2)	
				20	·= ·Sout
			£		
Enter new mailing address, if applicable:			SS	~	
			Mo		. 1
(Mailing address MAY BE A POST OFFICE BOX)			r 07		
			97	<u> </u>	
			AGE A	JC-	
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:		our records, <u>enter</u>	the nam	e of th	ie new
registered agent and/or the new registered ornee address here:					
Name of New Registered Agent:				-,	
New Registered Office Address:					
	Enter Florida street address				
	, Florida				
	City		Zip C	ode.	

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

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 Title Name **Address Type of Action** MGR Ariel Klein 3997 Barbados Ave ✓ Add Cooper City FL33026 ☐ Remove MGR Douglas Klein 3997 Barbados Ave ☐ Add **✓** Remove Cooper City FL 33026 Add 🔲 Remove Remove  $\square$ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Oct Dated ignature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00