

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HEALTH WORLD EXPERTS 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:

GIANCARLO CAPPUCCIO
Name of Person
HEALTH WORLD EXPERTS LLC
Firm/Company
18851 NE 29 AVE., #792
Address
AVENTURA, FL 33180
City/State and Zip Code
CARLOPULIDO@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GIANCARLO CAPPUCCIO at **305 505-1576**
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
13 OCT 28 PM 3:39
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

HEALTH WORLD EXPERTS 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 AUGUST 20, 2013 and assigned Florida document number L13000117422.

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:

(Principal office address MUST BE A STREET ADDRESS)

18851 NE 29 AVE., #792

AVENTURA, FL 33180

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

18851 NE 29 AVE., #792

AVENTURA, FL 33180

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: _____

18851 NE 29 AVE., #792

Enter Florida street address

Aventura

City

, Florida 33180

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

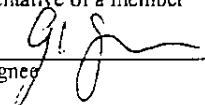
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JONATHAN SANDERS	20533 BISCAYNE BLVD., #759	<input type="checkbox"/> Add
		AVENTURA, FL 33180	<input checked="" type="checkbox"/> Remove
MGR	DANIEL PULIDO	18851 NE 29 AVE., #792	<input checked="" type="checkbox"/> Add
		AVENTURA, FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated OCTOBER 22, 2013.

Signature of a member or authorized representative of a member
GIANCARLO CAPPUCCIO 
Typed or printed name of signer

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Filing Fee: \$25.00