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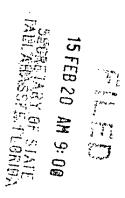
| (Re | questor's Name) | |
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| PICK-UP | WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
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J. Stavers FEB 2 6 7015

COVER LETTER

| TO: Registration Section Division of Corpor | | | |
|---|---|---|--|
| SUBJECT: <u>Care</u> | Products Name of Limi | TV LLC ited Liability Company | |
| The enclosed Articles of Am | endment and fee(s) are sub- | mitted for filing. | |
| Please return all corresponde | ence concerning this matter | to the following: | |
| | Eduaro | Name of Person | |
| | | Corldwide Hold, | ings LLC |
| | 2829 Bir | d Avenue Sutes | PMB 304 |
| | Pliak | City/State and Zip Code | |
| | | City/State and Zip Code | |
| - | E-mail address: (t | VUTINECAPITAL VENTURES. o be used for future annual report notif | Com lication) |
| For further information conc | erning this matter, please ca | all: | |
| Edvardo A Name of Pe | Gran JO | at (786) 302 - Area Code Daytimo | 2666 e Telephone Number |
| Enclosed is a check for the fo | ollowing 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

| (Name of the Limited Liability Compa (A Florida Limited I | TV LLC | |
|---|---|---|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited L | ny as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L1300012209</u> | were filed on <u>08/27/20</u> | 0/3 and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi | ility company here: | |
| The new name must be distinguishable and end with the words "Limited Liab | ility Company," the designation "LLC" or the | e abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 4995 NW 72 90 | enue |
| (Principal office address MUST BE A STREET ADDRESS) | STe 210 Hicyli, 7/ 3316 | 6 |
| Enter new mailing address, if applicable: | 4995 NW 720 | quenue |
| (Mailing address MAY BE A POST OFFICE BOX) | 4995 NW 720 STE 210 Plick, F1 331 | 66 |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | | r the name of the new |
| Name of New Registered Agent: | | <u> </u> |
| New Registered Office Address: | Enter Florida street address | FEB 20 |
| New Registered Agent's Signature, if changing Registered Agent: | , Florida _ | Zip Code [7] |
| I hereby accept the appointment as registered agent and agreprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pering filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, and I an provided for in Chapter 605, F.S. O | n familiar with and r, if this document is |
| If Chan | nging Registered Agent, Signature of New 1 | Registered Agent |

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

| MGR = M $AMBR = A$ | anager uthorižed Member | | |
|--------------------|----------------------------|--|--|
| <u>Title</u> | Name | Address | Type of Action |
| HGR | Jose luis Rios | 2829 Bird quone Suiter PMB 304, Michi F1 331 33 | Add Add |
| | | | ∏Remove |
| <u>MGR</u> | Herbal Worldwide Hold | 1829 Bird quenue ste PHIB 304, plianti FI 33, | |
| | | | Add |
| | | | □ Remove □ □ Add |
| | | | Remove FEB 20 A |
| | | | ABP IN THE REPORT OF THE REPOR |
| | | | □ Add □ Remove |

| TI 00 / 1 | |
|---------------|---|
| | date, if other than the date of filing: |
| the date this | s document is filed by the Florida Department of State) |
| the date this | |
| the date this | s document is filed by the Florida Department of State) |

Page 3 of 3

Filing Fee: \$25.00

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