

L14000114856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

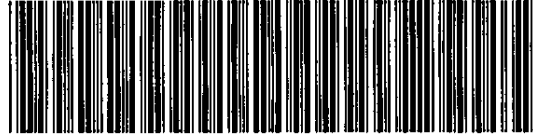
(Business Entity Name)

(Document Number)

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FILED
16 AUG 26 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 29 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AGENT MED ALERT 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:

Robbie Hicks

Name of Person

AGENT MED ALERT LLC

Firm/Company

8411 W Oakland Park Blvd #304

Address

SUNRISE, FLORIDA 33351

City/State and Zip Code

robbiehicks@gmail.com

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

For further information concerning this matter, please call:

Robbie Hicks

954 990-4200
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 18, 2016

ROBBIE HICKS
8411 W OAKLAND PARK BLVD #304
SUNRISE, FL 33351

SUBJECT: AGENT MED ALERT LLC
Ref. Number: L14000114856

2016 AUG 26 PM 3:29
TALLAHASSEE, FLORIDA

We have received your document for AGENT MED ALERT LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 316A00017462

Check was not in return package

2016 AUG 26 AM 10:27
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

AGENT MED ALERT 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 07/21/2014 and assigned
Florida document number L14000114856

This amendment is submitted to amend the following:

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

WORLDWIDE FULFILLMENT LLC

The new name must be distinguishable and contain 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)

8411 W Oakland Park Blvd

Suite 303

Sunrise, FLorida 33351

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8411 W Oakland Park Blvs

Suite #303

Sunrise, Florida 33351

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

, Florida

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>
MGR	Dan Oran	8411 W Oakland Park Blvd	<input type="checkbox"/> Add
		SUNRISE, FLORIDA 33351	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Data Business Systems LLC	8411 W Oakland Park Blvd Suite	<input type="checkbox"/> Add
		Suite 201 Sunrise, FL 33351	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Shimon Fhima	8411 W Oakland Park Blvd	<input checked="" type="checkbox"/> Add
		Suite 303, Sunrise, Florida 33351	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

SECRET
16 FEB 25 11 10 AM '87
FBI - MIAMI
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 10/1/01 BY 60322 UCBAW

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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.

Dated AUGUST 9, 2016

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

6/10/23 04:10:27
FLORIDA STATE
TELETYPE UNIT