

L14 000 1676419

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : DIVERSIFIED BUSINESS PRODUCTS & SERVICES, INC.
Account Number : I20130000067
Phone : (954) 990-0606
Fax Number : (888) 400-5537

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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14 NOV 24 AM 10:00

VISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WORLDWIDE HEALTHY SNACKS AND FOODS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 NOV 24 A 10:08

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Electronic Filing Menu

Corporate Filing Menu

Help

B. BOSTICK

NOV 25 2014

EXAMINER

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

H140002708903

WORLDWIDE HEALTHY SNACKS AND FOODS 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 October 28, 2014 and assigned
Florida document number L14000167649

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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2014 NOV 21 A 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

H140002708903

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:

H140002708903

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	KARLTON JOHNSON	5036 DR. PHILLIPS BLVD. SUITE 182	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32819	<input type="checkbox"/> Remove
AMBR	ANDRE JOHNSON	5036 DR. PHILLIPS BLVD. SUITE 182	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32819	<input type="checkbox"/> Remove
AMBR	MIKE MALLET	5036 DR. PHILLIPS BLVD. SUITE 182	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32819	<input type="checkbox"/> Remove
AMBR	MARCUS JOHNSON	5036 DR. PHILLIPS BLVD. SUITE 182	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32819	<input type="checkbox"/> Remove
MGR	DERRICK MALLET	5036 DR. PHILLIPS BLVD. SUITE 182	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32819	<input type="checkbox"/> Remove
AMBR	DERRICK MALLET	5036 DR. PHILLIPS BLVD. SUITE 182	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32819	<input type="checkbox"/> Remove

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MILWAUKEE, WISCONSIN

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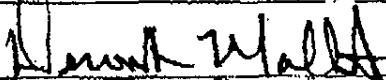
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated NOVEMBER 19, 2014



Signature of a member or authorized representative of a member

DERRICK MALLET

Typed or printed name of signer

H140002708903

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



November 24, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

WORLDWIDE HEALTHY SNACKS AND FOODS LLC
5036 DR. PHILLIPS BLVD.
SUITE 182
ORLANDO, FL 32819

SUBJECT: WORLDWIDE HEALTHY SNACKS AND FOODS LLC
REF: L14000167649

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The effective date must be specific and cannot be prior to the date of filing.

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.

Barbara Bostick
Regulatory Specialist II

FAX Aud. #: H14000270890
Letter Number: 114A00024874

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BUREAU OF COMMERCIAL
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