

U5000030222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 11 2015
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Worldwide Healthy Snacks VMT 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:

Evelyn Montalvo
Name of Person

Diversified Business Products & Services Inc
Firm/Company

P.O. Box 848491
Address

Pembroke Pines, FL 33084
City/State and Zip Code

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

For further information concerning this matter, please call:

Evelyn Montalvo at (954) 990-0606
Name of Person Area Code Daytime Telephone Number

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TALLAHASSEE FLORIDA

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**

WORDWIDE HEALTHY SNACKS VMT 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 02/18/2015 and assigned
Florida document number L15000030222.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

KARLTON JOHNSON

New Registered Office Address:

2065 SW 120 AVENUE

Enter Florida street address

MIRAMAR

Florida

City

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CLERK OF CIRCUIT
JAIL ALASSCE E. J. J. JR.

33025
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.

[Signature]
If Changing Registered Agent, Signature of New 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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO	FRANK LAWERENCE	2065 SW 120 AVENUE	<input type="checkbox"/> Add
		MIRAMAR, FL 33025	<input checked="" type="checkbox"/> Remove
AMBR	MARCUS JOHNSON	2065 SW 120 AVENUE	<input type="checkbox"/> Add
		MIRAMAR, FL 33025	<input checked="" type="checkbox"/> Remove
AMBR	KARLTON JOHNSON	2065 SW 120 AVENUE	<input type="checkbox"/> Add
		MIRAMAR, FL 33025	<input checked="" type="checkbox"/> Remove
CEO	KARLTON JOHNSON	2065 SW 120 AVENUE	<input checked="" type="checkbox"/> Add
		MIRAMAR, FL 33025	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

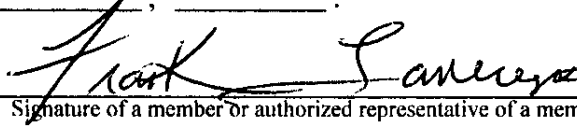
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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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 February 23, 2015



Signature of a member or authorized representative of a member

FRANK LAWERENCE

Typed or printed name of signee

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CLERK OF STATE
TALLAHASSEE FLORIDA