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(((H15000071925 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

Prom:

: DIVERSIFIED BUSINESS PRODUCTS & SERVICES, INC. Account Name

Account Number : 120130000067 : (954)990-0606 : (888)400~5537 Fax Number

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WORDWIDE HEALTHY SNACKS VMT LLC

| Certificate of Status | 0 |
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| Page Count | 02 |
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MAR 2 4 2015

S. YOUNG

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ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

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| WORDWIDE HEALTHY SN | |
|--|--|
| (Name of the Limited Liability Company as (A Florida Limited Liability) | it now appears on our records.) ty Company) |
| The Articles of Organization for this Limited Liability Company were | filed on 2/18/2015 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: |
| WORLDWIDE HEALTHY SI | er L15000030222 nitted to amend the following: enter the new name of the limited liability company here: WORLDWIDE HEALTHY SNACKS VMT LLC iguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." fices address, if applicable: |
| The new name must be distinguishable and end with the words "Limited Liability (| ent number L15000030222 ent is submitted to amend the following: In name, enter the new name of the limited liability company here: WORLDWIDE HEALTHY SNACKS VMT LLC List be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." incipal offices address, if applicable: |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | |
| | ÉG. |
| | AT 第 图 |
| Enter new mailing address, if applicable: | ARY ASSI |
| (Mailing address MAY BE A POST OFFICE BOX) | 10 a 10 |
| | 55 |
| | 23 |
| B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: | address on our records, enter the name of the nev |
| | |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | , Florida |
| t | 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

H150000719253

| I amendin | g the Managers or Authorized Men | ber on our records, enter the title, name | and address of each Manao |
|------------------------|--|--|---------------------------|
| Authorized | Member being added or removed | rom our records: | , |
| MGR= M AMBR= A | lanager authorized Member | · | · |
| <u>Cittle</u> | Name | Address | Type of Action |
| CEO | KARLTON JOHNSON | 2065 SW 120 AVENUE | Add |
| | · | MIRAMAR, FL 33025 | Remove |
| AMBR | KARLTON JOHNSON | 2065 SW 120 AVENUE | Add |
| | | MIRAMAR, FL 33025 | |
| | | | |
|). If amen | ding any other information, enter el | nange(s) bere: (Attach additional sheets, ij | fnecessary.) |
|). If amen | ding any other information, enter el | nange(s) bere: (Attach additional sheets, ij | SHCR |
|). If amend | ding any other information, enter c | hange(s) bere: (Attach additional sheets, ij | |
| C. Effective | e date, if other than the date of filing | te of receipt or filed date and cannot be more than 90 | SHORE TANNOCTAL TANDACTOR |
| C. Effective | e date, if other than the date of filing we date must be specific, cannot be prior to dat its document is filed by the Florida Departmen | te of receipt or filed date and cannot be more than 90 | SHORE TANNOCTAL TANDACTOR |
| Effective (The effecti | e date, if other than the date of filing we date must be specific, cannot be prior to dat its document is filed by the Florida Departmen | to of receipt or filed date and cannot be more than 90 to of State) | SHORE TANNOCTAL TANDACTOR |
| Effective (The effecti | e date, if other than the date of filing we date must be specific, cannot be prior to dat its document is filed by the Florida Departmen | te of receipt or filed date and cannot be more than 90 t of State) 2015 | SHORE TANNOCTAL TANDACTOR |

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