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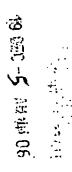
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(R	equestor's Name)	
(A)	ddress)	
(A)	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
		
Special Instructions to	Filing Officer:	
	-	

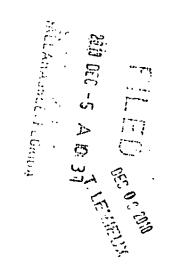
Office Use Only



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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 12/5/2019	_		
		~ WALK	IN₩
ENTITY NAME WORL	DWIDE BIOPHARMA, LLC		
			
DOCUMENT NUMBER_			
	PLEASE FILE THE ATTACHED AND RETURN		
XXXXX	Plain Copy		
	Certified Copy		
	Certificate of Status		
	Certified Copy of Arts & Amendments Certificate of Good Standing		
	APOSTILLE' / NOTARIAL CERTIFICATION		
COUNTRY OF DESTINA	TION		
NUMBER OF CERTIFICA	TES REQUESTED		
TOTAL OWED \$25	СНЕСК # <u>6990</u>		
Please call Tina at t	he above number for any issues or concerns. Thank you	so much!	

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	WORLDWI	DE BIOPHARMA, LLC	
SUBJECT,	. Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sul	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
		Miguel A. Maspons, Esq.	
		Name of Person	
		Maspons Advisory Services	
		Firm/Company	
	2333	Ponce De Leon Blvd., Suite 314	
	·	Address	
		Coral Gables, Florida 33134	
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		mas@mascorpserv.com	
		to be used for future annual report no	otification)
For further information	n concerning this matter, please c	all:	
Vanes	sa M. Collazo	786 539-14	30
Nam	e of Person	at ()	me Telephone Number
Enclosed is a check for	r the following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fce, Certificate of Status & Certified Copy (additional copy is enclosed)
P.O. Box 63	n Section Corporations	Street Address: Registration So Division of Co The Centre of 2415 N. Monre	orporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WORLD'	WIDE BIOPHARMA, LLC	
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears Limited Liability Company)	on our records.)
,		- 松田 DTC -2 女 氏 31
The Articles of Organization for this Limited Liability Co	ompany were filed on	04/09/19 and assigned
Florida document number L19000098214	<u>_</u> .	INDEAL ACOUTE FLORIDA
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company her	<u>e</u> :
The new name must be distinguishable and contain the words "Limi	end Lightlite Commons "the da	signation MII CO and by abbreviation MII CO
The new tiante must be distinguishable and contain the words. Limi	печ главину сотрапу, тие ос	signation LLC of the appreviation "L.L.C.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
		
Enter new mailing address, if applicable:		
J , 11		
(Mailing address MAY BE A POST OFFICE BOX)	-	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our re	cords, <u>enter the name of the new registere</u>
agent and/or the new registered office address here:		
Name of New Registered Agent:		 .
New Registered Office Address:		
	Enter Florid	la street address
		Elovido
	City	, Florida 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

MGR Gonzalez, Silverio A. 8430 S.W. 40th Street	<u>Title</u>	Name	<u>Address</u>	Type of Action
Change C	MGR	Gonzalez, Silverio A.		
				■Remove
				□Change
				□Add
				Remove
□ Change □ Add □ Remove □ Change □ Change □ Change □ Change □ Add □ Remove □ DAdd □ Remove □ DAdd				Change
	<u></u>	-	-	□Add
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N/A.					
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		!			
Note: If the d	e, if other than the date of ate is listed, the date must be spec late inserted in this block does fective date on the Departme	s not meet the applica	o date of filing or more table statutory filing re	(optional) than 90 days after filing; quirements, this date) Pursuant to 605.0207 (will not be listed as t
record specif is filed.	fies a delayed effective date, b	out not an effective tin	ne, at 12:01 a.m. on t	he earlier of: (b) The	e 90th day after the
ated	December 5	2019			
		With In	Flot at		
	Signatur	e of a member or author	rized representative of a	member	
		Miguel A. Maspons	. Attornev-In-Fact		
-			d name of signee		

Filing Fee: \$25.00