

L19000092214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

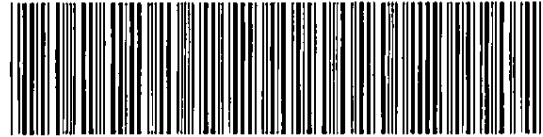
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/06/19--01002--013 **185.00

19 DEC -5 AM 11:06

FILED
DEC 03 2019
2019 DEC -5 AM 10:37
MILLANAPOLIS, TENN

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 12/5/2019

*****WALK IN*****

ENTITY NAME WORLDWIDE BIOPHARMA, LLC

DOCUMENT NUMBER _____

*****PLEASE FILE THE ATTACHED AND RETURN*****

XXXXXX

Plain Copy

Certified Copy

Certificate of Status

*****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY*****

Certified Copy of Arts & Amendments

Certificate of Good Standing

*****APOSTILLE / NOTARIAL CERTIFICATION*****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$25

CHECK # 6990

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WORLDWIDE BIOPHARMA, 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:

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@mascorpserve.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vanessa M. Collazo at (786) 539-1430
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

203 DEC -5 A B: 37

04/09/19 and assigned
BILL ARNOLD, FLORES

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

(Mailing address MAY BE A POST OFFICE BOX)

Zip Code

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

[illegible]

N/A.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated December 5, 2019

Signature of a member or authorized representative of a member

Miguel A. Maspons, Attorney-In-Fact

Typed or printed name of signee

Filing Fee: \$25.00