

L19000098214

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(Document Number)

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OCT 30 2020

S. YOUNG

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:

EDWARD RECIO

Name of Person

EDWARD RECIO, PA

Firm/Company

8200 NW 41st St, Suite 315

Address

Doral, FL 33166

City/State and Zip Code

edward@reciolegal.com

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

For further information concerning this matter, please call:

Edward Recio

917

582-3387

at ()

Name of Person

Area Code

Daytime Telephone Number

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

WORLDWIDE BIOPHARMA, 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 04/09/2019

Florida document number L19000098214

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 contain 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:

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

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CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE
FLORIDA

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>D</u>	<u>Juan C. Pompa Gamez</u>	<u>8430 BIRD RD</u>	<input checked="" type="checkbox"/> Add
		<u>MIAMI, FL 33155</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>D</u>	<u>Juan C. Murillo, Manager</u>	<u>21160 N.E. 3rd AVE.</u>	<input checked="" type="checkbox"/> Add
		<u>MIAMI FL 33179</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>D</u>	<u>Pedro E. Colmenares, Manager</u>	<u>3339 WEST 94TH TERRACE</u>	<input checked="" type="checkbox"/> Add
		<u>HIALEAH FL. 33018</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>VP BD</u>	<u>Juan Monagas</u>	<u>8601 NW 27 TH ST</u>	<input checked="" type="checkbox"/> Add
		<u>DORAL, FL 33122</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>VP O</u>	<u>Leonardo Granados Chaparro</u>	<u>8601 NW 27 TH ST</u>	<input checked="" type="checkbox"/> Add
		<u>DORAL, FL 33122</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>VP IT</u>	<u>Luis Alfonzo Fernandez Dalo</u>	<u>8601 NW 27 TH ST</u>	<input checked="" type="checkbox"/> Add
		<u>DORAL, FL 33122</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change

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

OM (Operations Manager) LUIS DAVID GONZALEZ

ADD

8601 NW 27 TH ST

DORAL, FL 33122

FM (Finance Manager) PEDRO MANUEL COLMENARES

ADD

3339 WEST 94TH TERRACE

HIALEAH FL. 33018

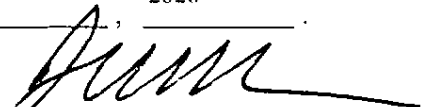
E. Effective date, if other than the date of filing: _____ **(optional)**

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 September 19, 2020


Signature of a member or authorized representative of a member

JUAN C. MURILLO for FRANCAR-OMC LLC Manager Member of WIDE BIOPHARMA, LLC

Typed or printed name of signee