L19000098214

(Rec	questor's Name)	
(Add	iress)	
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(City	/State/Zip/Phone	e #)
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(Doc	cument Number)	
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COVER LETTER

TO: Registration S Division of Co				
WORLDY SUBJECT:	VIDE BIOPHARMA, LLC		•	
	Name of Lin	Name of Limited Liability Company		
	f Amendment and fee(s) are sub	-		
Please return all corresp	condence concerning this matter	to the following:		
	Edward Recio			
		Name of Person		
	Edward Recio, PA			
		Firm/Company		
	8200 NW 41st Street, Suit	e 200		
		Address		
	Doral, FL 33166			
	edward@reciolegal.com	City/State and Zip Code		
	E-mail address: (to be used for future annual rep	ort notification)	202 5-50 7.4
For further information	concerning this matter, please c	all:		2021 JUN SECLES TALLA
Edward Recio		917 58233	87	-
Name	of Person		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 enclose	d) Certified (of Status &

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 and assigned 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 "LLC." 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: သ Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida ___

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.

City

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>	Type of Action
VP, O	CHAPARRO, LEONARDO GRAN	8601 NW 27 TH ST, Suite 3	□Add
		DORAL, FL 33122	■Remove
			□Change
ОМ	GONZALEZ, LUIS DAVID	8601 NW 27 TH ST, Suite 3	
		DORAL, FL 33122	■Remove
			☐ Change
			□Add
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Effective date, if other than the date of filing: f an effective date is listed, the date must be specific and cannot be p Note: If the date inserted in this block does not meet the ap document's effective date on the Department of State's reco	oplicable statutor	ng or more than 90 day	(optional) ys after filing.) Pursu its, this date will no	ant to 605.0207 ot be listed as
e record specifies a delayed effective date, but not an effective is filed.	ve time, at 12:01	a.m. on the earlier	of: (b) The 90th	day after the
Dated May 19. 2021	·			
$\underline{\hspace{1cm}}$				
Signature of a member or a	authorized represe	mative of a member		

Filing Fee: \$25.00