

219 000099214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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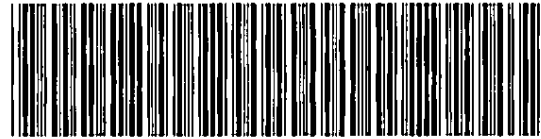
(Business Entity Name)

(Document Number)

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2022 MAY 19 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

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, P.A.

Firm/Company

8200 NW 41st Street, Suite 200

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)

Check # 1324
Renewal Brk.

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**

FILED

2022 MAY 19 AM 8: 59

WORLDWIDE BIOPHARMA, LLC

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

SECRETARY OF STATE
TALLAHASSEE, FL

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 "L.L.C."

Enter new principal offices address, if applicable:

8601 NW 27 TH ST, Suite 3

(Principal office address MUST BE A STREET ADDRESS)

DORAL, FL 33122

Enter new mailing address, if applicable:

8601 NW 27 TH ST, Suite 3

(Mailing address MAY BE A POST OFFICE BOX)

DORAL, FL 33122

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

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>
MGR	FRANCAR-OM LLC	21160 NE 3RD AVE	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33179	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	US WORLDWIDE BIOPHARMA	8601 NW 27 TH ST, Suite 3	<input checked="" type="checkbox"/> Add
		DORAL, FL 33122	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JCN BIOPHARMA, LLC	8430 BIRD RD	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33155	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
DIR	POMPA GAMEZ, JUAN C	8430 BIRD RD	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33155	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
DIR	MURILLO, JUAN C	21160 NE 3RD AVENUE	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33179	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
DIR	Hassan, David	8601 NW 27 TH ST, Suite 3	<input checked="" type="checkbox"/> Add
		DORAL, FL 33122	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

REMOVE:	MGR	SILVERIO A GONZALEZ	REMOVE
<hr/>			
8430 SW 40TH STREET			
<hr/>			
MIAMI, FL 33155			
<hr/>			
REMOVE:	MGR	PEDRO E. COLMENRARES	REMOVE
<hr/>			
8430 SW 40TH STREET			
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MIAMI, FL 33155			
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REMOVE:	MGR	JUAN C. POMPA GAMEZ	REMOVE
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MIAMI, FL 33155			
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REMOVE:	MGR	JUAN C. MURILLO	REMOVE
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TALLAHASSEE, FL

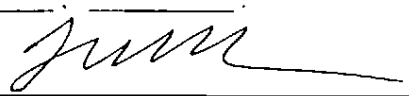
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 May, 17 2022



Signature of a member or authorized representative of a member

JUAN C. MURILLO, Director

Typed or printed name of signer