Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240003463743)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

т	$\overline{}$	٠
1	v	-

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (614)280-3338 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future Setannual report mailings. Enter only one email address please.

Setannual Address:

್ರಾಪ್ರ ಪ್ರತಿ LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WORLDWIDE FOODS SOLUTIONS LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

DCT 17 2024

Electronic Filing Menu Corporate Filing Menu

Help XNBIWET 1

From: David Thomas

Pege; 2-of 3.

STATEMENT OF CORRECTION **FOR** FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

FIRST: The	name of the limited liability company is: WORLDW	DE FOODS SOLUTIONS LLC
SECOND:	The Florida Document number of the limited lia	bility company is: L22000443545
THIRD:	Document to be corrected is:	tion for Florida Limited Liability Company
	(CHECK THE APPROPRIATE BOX AND CO	
	tains an incorrect statement. The incorrect statement ement are as follows:	, the reason the statement is incorrect, and the corrected
Arti	cle IV incorrectly names both Ivan Gregorio Ortiz ("Iva	in") and Maria Solange De La Rocha ("Maria") as
pers	ons authorized to manage the LLC. Maria transferred a	If of her interests to Ivan as of December 26, 2022;
there	efore. Maria and her address should be removed from A	rticle IV. Ivan's Title should be changed to "Member."
	defectively signed. The manner in which the document of the document of the manner in which the manner in which the document of the manner in which the manner in the manner in which the manner in the manner in which the manner in the mann	nent was defectively signed and the appropriate correction ar
OR The	electronic transmission of the record was defective.	
	- hu	10/15/2024
ignature of	Signature of Authorized Representative new registered agent, if applicable :(NOTE: if corrected designation).	Date
hereby acce provisions of obligations o	ept the appointment as registered agent and agree to fall statutes relative to the proper and complete perfo if my position as registered agent as provided for in (inge in the registered office address. I hereby confirm	: act in this capacity. I further agree to comply with the ormance of my duties, and I am familiar with and accept the Thapter 605, F.S. Or, if this document is being filed to merel that the limited liability company has been notified in writh
	Registered Ag	ent's Signature
	Filing Fee:	\$25.00 \$30.00 (optional)