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JUN 22 2011

EXAMINER



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COVER LETTER

то:	Registration Se Division of Cor			
SUBJI	_C			
0000			ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Carol Houts Name of Person		
			Name of Person	
			Firm/Company	
		1033	NE 17th Way, Unit 200	2
		_		
		For	t Lauderdale, FL 33304 City/State and Zip Code	
		Ca E-mail address: (i	arolhouts@gmail.com to be used for future annual report r	otification)
For fur	ther information co	oncerning this matter, please c	all:	
		arol Houts	at (_954_)	342-1176
	Name of	Person	Area Code & Day	rtime Telephone Number
Enclos	ed is a check for th	e following amount:		
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra Division P.O. Bo	NG ADDRESS: ation Section of Corporations x 6327 ssee, FL 32314	STREET/COU Registration Se Division of Con Clifton Building 2661 Executive	porations g

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GXP CO	MPLIANCE	PARTNERS	S, LLC				
(Name of the Limited I (A I	Liability Compar Florida Limited L	ny as it now appea Liability Company)	rs on our records.)				
The Articles of Organization for this Limited Liability Company were filed on 21 Jan 2009					and assigned		
Florida document numberL09000064	158						
This amendment is submitted to amend the follow	ving:						
A. If amending name, <u>enter the new name of t</u>	he limited liab	ility company he	<u>re</u> :				
	CLINARTI	S, LLC					
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Comp	any," the designation "L	LC" or th	e abbre	eviation	
Enter new principal offices address, if applical	ole:	1033 NE 17th Way Unit 2002		産品	==		
(Principal office address MUST BE A STREET	ADDRESS)	Fort Lauderdale, FL 33304			JU.	r Agrae	
				2	2	i i i i i i i i i i i i i i i i i i i	
				ig-<	ם.		
Enter new mailing address, if applicable:		1033 NE 17t	72/2	PH	3 4 3 		
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	Fort Lauderd	lale, FL 33304	35	<u></u>		
				P.T.	~		
B. If amending the registered agent and/or registered agent and/or the new registered offi	•		our records, <u>enter tl</u>	i <u>e</u> name	of th	<u>ie new</u>	
Name of New Registered Agent:	Carol Houts						
New Registered Office Address:	1033 NE 17	th Way Unit 20	002				
	Enter Florida street address						
	For	Fort Lauderdale , Florida		33304			
		City		Zip Co	de		

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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = i	Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Remove
			Add Remove
			<u></u>
			Add Remove
			_
			Add Remove
			Add
			Remove
<u>-</u>			Add
			Remove
D. If amen	ding any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)	
_			- -
			_
 Dated	June 18	2011	_
	Carol	To Hond	
	Signature of a me	mber or authorized representative of a member	
	T	Carol Houts	

Page 2 of 2

Filing Fee: \$25.00