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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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B. BOSTICK
APR **2 4 2013**EXAMINER

COVER LETTER

TO:

Registration Section 'Division' of Corporations

SUBJECT:

AMUN MEDICAL RESEARCH.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:

LAZARO A DOMINGUEZ

Name of Person

AMUN MEDICAL RESEARCH.LLC

Firm/Company

14750 SW 26 ST

Address

MIAMI, FLORIDA, 33185 SUITE 214

City/State and Zip Code

aljci@amunresearch.com

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

For further information concerning this matter, please call:

LAZARO A DOMINGUEZ

305,3386813

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMUN MEDICAL RESEA	RCH.LLC		
(Name of the Limite	Liability Company as it no A Florida Limited Liability Co	w appears on our records.)	
The Articles of Organization for this Limited I Florida document number	iability Company were file	05/21/2012	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, <u>enter the new name o</u>	of the limited liability com	pany here:	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liabili	ty Company," the designation "L	LC" or the abbreviation
Enter new principal offices address, if appli	cable:	- A	2013 SEC
(Principal office address MUST BE A STRE	ET ADDRESS)		<u> </u>
Enten nom mailing adduces if annlicables			FORETARY OF
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u></u>		2: 26
B. If amending the registered agent and registered agent and/or the new registered of		ess on our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:	LAZARO ALAIN D		
New Registered Office Address:	14750 SW 26 ST		
		Enter Florida street add	
	MIAMI	, Florida <u>3</u> 3	185
	Citv		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 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

Page 1 of 3

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address <u>T</u>	ype of Action
MGR	ALEXIS RODRIGUEZ	14750 SW 26 ST, MIAMI FL 33185	Add
		Soite214	Remove
MGR	JOSE C IBARRA	14750 SW 26 ST, MIAMI FL 33185 SUITE 214	_ [▼_] Add
			Remove
MGRM	LAZARO A DOMINGUEZ	14750 SW 26 ST, MIAMI FL 33585 Soite 214	Add AFR Remove
)		SSEE. FLORID	PM 2: [26] Add
			Add Remove
			Add
			Remove
			Add
)			Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
,			
ated	,		
	De ans		
-	Signature of a member or authorized representative of a member		
	Jose C. Ibarra		
_	Typed or printed name of signee		
	Page 3 of 3		

Filing Fee: \$25.00

2013 APR 23 PM 2: 26

FILED