

✓
L12000068104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

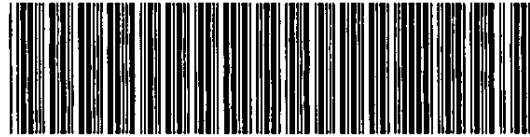
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

2013 APR 23 PM 2:26

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B. BOSTICK

APR 24 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 at (**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

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:

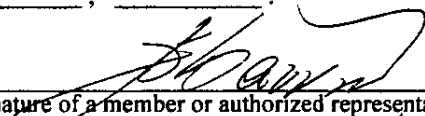
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ALEXIS RODRIGUEZ	14750 SW 26 ST, MIAMI FL 33185	<input type="checkbox"/> Add
		<i>SUITE 214</i>	<input checked="" type="checkbox"/> Remove
MGR	JOSE C IBARRA	14750 SW 26 ST, MIAMI FL 33185	<input checked="" type="checkbox"/> Add
		<i>SUITE 214</i>	<input type="checkbox"/> Remove
MGRM	LAZARO A DOMINGUEZ	14750 SW 26 ST, MIAMI FL 33185	<input checked="" type="checkbox"/> Add
		<i>SUITE 214</i>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated _____, _____.



Signature of a member or authorized representative of a member
José C. Ibarra

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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