

613 0000 93531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

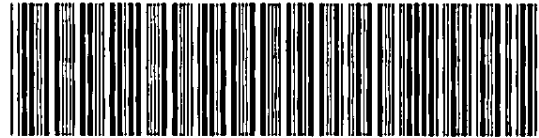
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21 JUN -7 AM 9:05



Where Medical Experience Meets Innovation
Clinical Research for
PREVENTION, TREATMENT AND CURE

June 1, 2021

Registration Section

Division of Corporations

Dear Sir/Madam:

On April 10, 2021 we sent through the post originals of the attached copies.

To date we have not received an answer from you, nor has the SunBiz web site been updated.

Please find enclosed a check for U.S.\$25.00 to cover filing fees, in case you did not receive original mail.

Thank you very much.

Sincerely,

A handwritten signature in black ink, appearing to read 'A. Tellez', with a stylized flourish at the end.

Alfredo Tellez

Business Development Director

(954) 687-8264

700 N Hiatus Rd. Suite 213
Pembroke Pines FL 33026
(786) GO-TRIAL or (786) 468-7425
info@clinovationresearch.com
www.clinovationresearch.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLINOVATION RESEARCH

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:

ALFREDO TELLEZ

Name of Person

CLINOVATION RESEARCH

Firm/Company

130 BONAVENTURE BLVD. APT 208

Address

WESTON, FL 33326

City, State and Zip Code

ATELLEZ@CLINOVATIONRESEARCH.COM

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

For further information concerning this matter, please call:

ALFREDO TELLEZ

954

687-8264

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)

AY 06/01/2021

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**

21 JUN -7 AM 9:05

CLINOVATION RESEARCH LLC

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

The Articles of Organization for this Limited Liability Company were filed on 07/13/2013 and assigned
Florida document number L13000093531.

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:

700 N HIATUS RD. SUITE 213

(Principal office address MUST BE A STREET ADDRESS)

PEMBROKE PINES FL 33026

Enter new mailing address, if applicable:

700 N HIATUS RD. SUITE 213

(Mailing address MAY BE A POST OFFICE BOX)

PEMBROKE PINES FL 33026

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:

ALFREDO TELLEZ

New Registered Office Address:

700 N HIATUS RD. SUITE 213.

Enter Florida street address

PEMBROKE PINES

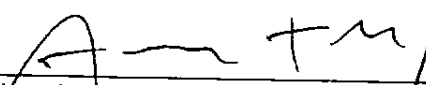
City

, Florida 33026

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

21 JUN -7 AM 9:05

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ALEJANDRO VILORIA	500 SW 145TH AVE. APT 533 PEMBROKE PINES	<input type="checkbox"/> Add
		FLORIDA 33027	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALFREDO TELLEZ	130 BONAVENTURE BOULEVARD APT 208	<input checked="" type="checkbox"/> Add
		WESTON, FL 33326	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	IVAN DONADO	14335 SW 145 PLACE KENDALL FL 33186	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change


21 JUN -7 AM 9:05

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

(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)

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.

04/10/2021


member or authorized representative of a member

Typed or printed name of signee