

118000174579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

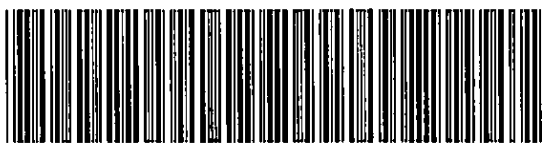
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

D BRUCE
SEP 17 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 11, 2018

LILY CALDERON
SHOMAR ACCOUNTING, PA
7777 NW 146TH ST
MIAMI LAKES, FL 33016

SUBJECT: FXM CLINICAL RESEARCH MIAMI, LLC
Ref. Number: L18000174579

We have received your document for FXM CLINICAL RESEARCH MIAMI, LLC and your check(s) totaling \$75.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Corporate Records Supervisor

Letter Number: 818A00016635

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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FXM Clinical Research Miami.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:

LILY CALDERON
Name of Person
SHOMAR ACCOUNTING, PA
Firm/Company
7777 NW 146TH ST
Address
MIAMI LAKES, FL 33016
City/State and Zip Code
LILY@SHOMARACCOUNTING.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LILY CALDERON at 305 825-1123
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 SEP 11 PM 2:56

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FXM Clinical Research Miami, 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 07/19/2018 and assigned Florida document number 1.18000174579.

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: _____

(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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: MARITZA D. DIEGO

New Registered Office Address: _____

Enter Florida street address

_____, Florida

City

Zip Co

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.

 29/AUG/2018
If Changing Registered Agent, Signature of New Registered Agent

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CLERK OF THE STATE

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MARITZA DIEGO	11760 BIRD ROAD	<input type="checkbox"/> Add
		SUITE 452	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33175	<input type="checkbox"/> Change
MGR	MARITZA D. DIEGO	11760 BIRD ROAD	<input checked="" type="checkbox"/> Add
		SUITE 452	<input type="checkbox"/> Remove
		MIAMI, FL 33175	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 RECEIVED
 STATE OF FLORIDA
 DEPARTMENT OF REVENUE
 1000 N. GULF BLVD.
 SUITE 1000
 TAMPA, FL 33602

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