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(Requestor's Name) (Address) (Address)	200110962352				
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## **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: Broward Pediatric Clinical Investigations, 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:

	Trisha Spiller		
		(Name of Person)	
	Florida Health L	aw Center	
		(Firm/Company)	
	7805 SW 6th C	ourt	
		(Address)	
	Plantation, FL 3	33324	
	(	City/State and Zip Code)	-
For further information	concerning this matter, please	call:	
Trisha Spille	er .	<sub>at (</sub> 954 ) 358-015	5
· (Nam	e of Person)		ne Telephone Number)
Enclosed is a check for th	e following amount:		.•
✓ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	560.00 Filing Fee, Certificate of Status & Certified Copy

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

	Broward Pediatric Clinical Investigation, LLC				
	(Present Name) (A Florida Limited Liability Company)	<u>_</u>			
FIRST:	The Articles of Organization were filed on 9/28/2007 and assigned document number L07000099351				
SECOND:	This amendment is submitted to amend the following:				
	Name change to:				
	Broward Clinical Investigation, LLC				
	·				
	0				
	<u>7</u>	ISION			
	007 19	PFALLS			
	Р	DRPD RPD			
		RATIO			
		D HS			
Dated OC	ctober 2, 2007				
	Signature of a member or authorized representative of a member				
	Mark Starithy Mo Typed or printed name of signee				