900006458

(Damastata Nama)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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EFFECTIVE DATE 02-07-14



B. BOS TCK

FEB - 6 2014

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor		·		
SUBJECT: Clina	rtis LLC			
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.		
Please return all correspo	ondence concerning this matter t	o the following:		
	Aramayis Ko	charyan		
		Name of Person		
	Clinartis LLC	;		
		Firm/Company		
	1909 Tyler S	Street, Suite	601	
	· ·	Address	· · · · · · · · · · · · · · · · · · ·	
	Hollywood, F	FL 33020		
	into Oalla autia aan	City/State and Zip Code	. :	
	info@clinartis.cor	No be used for future annual r	eport notification)	
For further information of	concerning this matter, please ca	ıll:		
Aramayis k	Cocharyan	at (954) 40	04 8068	
Name o	of Person	Area Code	Daytime Telephone Number	
Enclosed is a check for t	he following amount:			10 P
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy		ng Fee, in a constant of Status &

(additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Clinartis LLC				
(Name of the Limited	Liability Compa Florida Limited	ny as it now appears on our records.) Liability Company)	· ·	
The Articles of Organization for this Limited Lia Florida document number L0900006458	bility Company	were filed on 21 Jan 2009	and assig	ned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
N/A				
The new name must be distinguishable and end with the w	ords "Limited Liab	oility Company," the designation "LLC" or the	abbreviation "L.I	C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1909 Tyler Street, Suite 601	20 2	
		Hollywood, FL 33020	- Z	E 8
			5	र •व क ं
		1909 Tyler Street, Suite 601	第 3	
Enter new mailing address, if applicable:	OV.	Hollywood, FL 33020		- Caralle
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	Honywood, 1 L 00020		
B. If amending the registered agent and/o registered agent and/or the new registered offi			the name of	f the new
Name of New Registered Agent:				
New Registered Office Address:	N/A	Enter Florida street address	<u>-</u>	
		Enter r toriaa street aaaress		
•		, Florida	Zip Code	
		Cay	s.y 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
N/A			□ Add
	·		Remove
			☐ Remove
			
			Add
			Remove
			Add To Remove
			□ Add
			Remove
			☐ Remove

at amending any other information, enter ch	ange(s) nere: {Attach daattional sheets,	ij necessary.)
April Are		
Effective date, if other than the date of filing (The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department	· · · · · · · · · · · · · · · · · · ·	(optional) 0 days after
Dated 3 February	2014	
Meser		
Signature of a m	nember or authorized representative of a member	
Aramayis Kocharyan		
***************************************	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00