

Le9000006458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

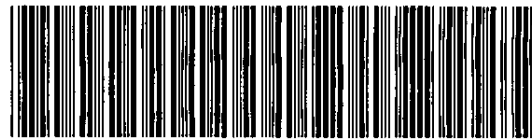
(Business Entity Name)

(Document Number)

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EFFECTIVE DATE 02-07-14

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COMMERCIAL

B. BOS TCK

FEB - 6 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Clinartis 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:

Aramayis Kocharyan

Name of Person

Clinartis LLC

Firm/Company

1909 Tyler Street, Suite 601

Address

Hollywood, FL 33020

City/State and Zip Code

info@clinartis.com

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

For further information concerning this matter, please call:

Aramayis Kocharyan

Name of Person

954 404 8068

at ()
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

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MGR = Manager
AMBR = Authorized Member

☐ Add ☐ Remove

☐ Add ☐ Remove

_____ ☐ Add
 _____ ☐ Remove

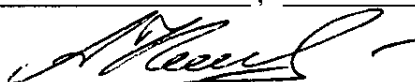
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: 7 Feb 2014 (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 3 February, 2014



Signature of a member or authorized representative of a member

Aramayis Kocharyan

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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CLERK