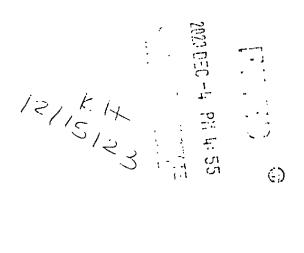


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
·
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





12/04/23--01031--003 **25.00



COVER LETTER

	gistration Sec vision of Corp			
	Clinartis LL	C		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return	n all correspon	dence concerning this matter	to the following:	
		Aramayis Kocharyan		
			Name of Person	
		Clinartis LLC		
			Firm/Company	
		1930 Harrison Street, Suit	e 308	
			Address	
		Hollywood, Florida 33020		
			City/State and Zip Code	
		info@clinartis.com		
			to be used for future annual report notification)	
For further is	information co	ncerning this matter, please c	all:	
Aramayis K	Cocharyan		954 404 8068	, 23
	Name of	Person	at () Area Code Daytime Telephone No	00 Filing Fee.
Enclosed is a	a check for the	following amount:		1 <u></u>
L \$25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certadditional copy is enclosed) Cer	00 Filing Fee. tificate of Status & tified Copy (F) bitional copy is enclosed (T)

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

Clinartis LLC						
(Name of the Limi	ited Liability Compa (A Florida Limited	ny as it now appears on our record- Liability Company)	<u>u)</u>			
The Articles of Organization for this Limited I	Liability Company	were filed on 01/21/2009	and assigned			
Florida document number L09000006458	·					
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited liab	ility company here:				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."			
Enter new principal offices address, if appli	cable:		 -			
(Principal office address MUST BE A STREE	ET ADDRESS)	1930 Harrison Street, Suite 308				
		Hollywood, FL 33020				
Enter new mailing address, if applicable:		1930 Harrison Street, Suite 308				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Hollywood, FI. 33020				
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, <u>enter</u>	the name of the new registered			
Name of New Registered Agent: Aramayis Koch		naryan				
New Registered Office Address:	1930 Harrison	Street, Suite 308				
		Enter Florida street address	- · ·			
	Holtywood	Fic	orida 33020 3			
		City	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
N/A		-	□ Add
		 	□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change -
			□ Add □ Remove
			□ Change □ □ □ □ □ □ □ □ □ Remove
			□Change
			🗆 Add
			□Remove
			□ Change

N/A							
							
•							
					 		
•							
							
			_		_		
	<u> </u>						
					-		
-							
							<u></u>
						<u> </u>	<u> 2535</u>
						•	
ective date, if other than the	e date of filing	11/30/2023			(ontional	,	
effective date is listed, the date mu	ist be specific and	cannot be prior	to date of filing (or more than 90 d	ays after filing	z.) Pursuantio	o 605.0207 (3
e: If the date inserted in this bument's effective date on the L	lock does not m Denartment of Si	eet the applica late's records.	ible statutory f	thing requireme	ents, this date	e will not be	
						: : - :	55
ord specifies a delayed effecti	usu data but not .	an affactiva tir	at 12:01 a	en on the well	on of the T	ئے ہے۔ انہاں ماران مطالع	i Ul
i filed.	ve date, but not	an enecuve in	ne, at 12.01 a.	m. on the earn	:1 O1, (O) 1	ne som day	anei me
27 November		2023					
-u			<u> </u>				
	Mull						
. //	1100 1						_
	Signature of a n	iember or autho	rized representa	tive of a member	•		

Filing Fee: \$25.00