

L09000033189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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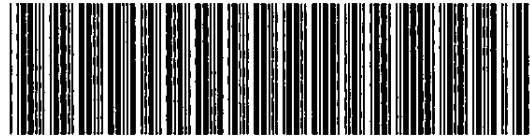
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 OCT 18 AM 10:54

OCT 19 2012

T. HANDELMAN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Raven Labs, 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:

Krishna Tripuraneni, M.D. MBA.
Name of Person

Venra Medical Associates, LLC
Firm/Company

1157 South State Road 7
Address

Wellington FL 33414
City/State and Zip Code

imove@venraclinicalstudies.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Irma N.T. Hargis, M.A. CAC at (561) 295-3330 Ext. 249
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

Raven Labs, LLC

October 15, 2012

Florida Department of State
Registration Section Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

Dear Florida Department of State,

Please find the following documentation attached with this letter to amend the managers and managing members of Raven Las, LLC:

1. Raven Labs, LLC Letter
2. Your cover letter
3. Completed Article of Amendment to Article of Organization of Raven Labs, LLC.
4. Check # 1517 in the amount of \$30.00

If you have any further questions please feel free to contact me at my below contact information.

Sincerely,



Ixsa M. T. Morel, MA, CCRC
Administrative Laboratory Director
561-795-3330 Ext.249
imorel@venraclinicalstudies.com

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 OCT 18 AM 10:54

RAVEN LABS, 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 April 1, 2009 and assigned
Florida document number L09000033189.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with 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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A

Florida

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 608, 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.

N/A

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

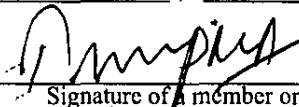
Title	Name	Address	Type of Action
MGRM	Venna Medical Associates, LLC	1157 South State Rd 7 Wellington, FL 33414	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Krishna Tripuraneni	1157 South State Rd 7 Wellington, FL 33414	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Krishna Tripuraneni	1157 South State Rd 7 Wellington, FL 33414	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
	N/A		<input type="checkbox"/> Add <input type="checkbox"/> Remove
	N/A		<input type="checkbox"/> Add <input type="checkbox"/> Remove
	N/A		<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

~~N/A~~

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DIVISION OF CORPORATIONS
12 OCT 18 AM 10:56

Dated _____



Signature of a member or authorized representative of a member

Krishna Tripuraneni, MD, MBA

Typed or printed name of signee