10900075677

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

Office Use Only



300158917883

300158917883 08/11/09--01025--003 **25.00

FILED
2009 AUG 11 PH 12: 58
SECRETARY OF STATE

M. THOMAS

AUG 1 2 2009

EXAMINER

COVER LETTER

TO: Registration Sect Division of Corpo		, 1		•						
SUBJECT: ALLIED BIOMEDICAL INSTITUTE INTERNATIONAL, LLC Name of Limited Liability Company										
The enclosed Anicles of A	mendment and fee(s) are sul	bmitted for filing.								
Please return all correspond	dence concerning this matter	r to the following:								
		ALEX DE LA CRUZ								
		Name of Person								
ALLIED BIOMEDICAL RESEARCH INSTITUTE INTERNAT										
Firm/Company										
9500 S. DADELAND BLVD. SUITE 801										
Address										
	MIAMI, FL 33156 City/State and Zip Code alex@nctgllc.com									
	City/State and Zip Code									
	alex@nctgllc.com E-mail address: (to be used for future annual report notification)									
For further information cor	ncerning this matter, please		,	PM 12: 58 RY OF STATE SEE, FLORIDA	ILED					
NATA	LIA PENATE	at (_305)	670-1013	REP SE						
Name of i		Area Code & Da	nytime Telephone Nur	mber						
Enclosed is a check for the	following amount:									
▼ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl	Certi losed) Certi) Filing Fee. ificate of Status & ified Copy itional copy is en						

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

ALLIED BIOMEDICAL INSTITUTE INTERNATIONAL, 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 Liabi	were filed on	08/06/200	19	_ and assig	ıned	
Florida document number L090007567	77					
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of th	<u>e limited liabi</u>	lity company here:				
ALLIED BIOMEDICAL RE	SEARCH IN	ISTITUTE INTER	RNATIONA	L, LLC		
The new name must be distinguishable and end with the "L.L.C."	ne words "Limit	ed Liability Company	:." the designa	tion "LLC	or the ab	breviation
L.L.C.				IS I	2009	
Enter new principal offices address, if applicable	9500 S. DADE	LAND BLV	<u>\$</u>	<u>~</u>		
(Principal office address MUST BE A STREET A	ADDRESS)	SUITE 801		#ET_	E T	-
		MIAMI, FL 331	56	SET TEX	<u>= r</u>	
					3 1	7
Enter new mailing address, if applicable:	N/A		STA	₩ Z	J	
(Mailing address MAY BE A POST OFFICE BO			ĎE.	58		
						
					-	•.
B. If amending the registered agent and/or	registered off	ice address on ou	r records, <u>e</u>	nter the	name of	the new
registered agent and/or the new registered office	<u>e address here</u>	;				
Name of New Registered Agent:	N/A					
New Registered Office Address:	N/A					
		Enter Florida street address				
	Florida					
-		City			Zip Code	
New Registered Agent's Signature, if changing Reg	istered 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.

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 **Type of Action** <u>Title</u> <u>Name</u> **Address** ☐ Add Remove Remove Add 🔲 Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated AUGUST 07 2009 Signature of a member or authorized representative of a member ALEX DE LA CRUZ Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00