

L10000113405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

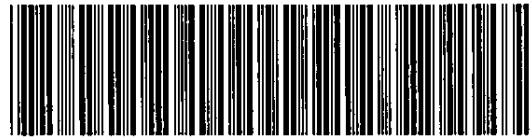
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
12 JUN 26 AM 8:33

JUN 29 2012

T. HAMPTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SWISS MEDICAL RESEARCH, 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:

MONIQUE d'ACHON

Name of Person

SWISS MEDICAL RESEARCH, LLC

Firm/Company

601 86TH STREET

Address

MIAMI BEACH, FL 33141

City/State and Zip Code

monicadachon@yahoo.com

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

For further information concerning this matter, please call:

MONIQUE d'ACHON

Name of Person

at ( 305 ) 865 6112

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee  
ALREADY SENT

☐ \$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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

11 JUN 26 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

June 18, 2012

MONIQUE D'ACHON  
SWISS MEDICAL RESEARCH LLC  
601 86TH ST  
MIAMI, FL 33141

SUBJECT: SWISS MEDICAL RESEARCH, LLC  
Ref. Number: L10000113405

We have received your document for SWISS MEDICAL RESEARCH, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because articles of correction must be submitted within 30 business days of the filed date, the enclosed document cannot be filed and is being returned to you.

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 712A00016888

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SWISS MEDICAL RESEARCH, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

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DIVISION OF CORPORATIONS  
12 JUN 26 AM 8:34

The Articles of Organization for this Limited Liability Company were filed on 11/01/2010 and assigned

Florida document number L10000113405.

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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: MONIQUE d'ACHON

New Registered Office Address: 601 86THS STREET

*Enter Florida street address*

MIAMI BEACH, Florida 33141  
*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.*

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

| <u>Title</u> | <u>Name</u> | <u>Address</u>                                  | <u>Type of Action</u>  |
|--------------|-------------|---|--|
| MGR          | JOEL GILLET | 601 86TH STREET<br>MIAMI BEACH, FL 33141<br>USA | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |             |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |             |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |             |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |             |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |             |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated JUNE 22, 2012

Signature of a member or authorized representative of a member

MONIQUE d'ACHON

Typed or printed name of signee

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DIVISION OF CORPORATIONS