

L12000003682

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DIVISION OF CORPORATIONS
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T. HAMPTON

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: MIAMI-DADE MEDICAL RESEARCH INSTITUTE 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:

ONELIA FAJARDO

Name of Person

MIAMI-DADE MEDICAL RESEARCH INSTITUTE LLC

Firm/Company

2472 SW 8 STREET # 207

Address

MIAMI, FLORIDA 33135

City/State and Zip Code

OFAJARDO@MIAMIMEDRESEARCH.COM

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

For further information concerning this matter, please call:

ONELIA FAJARDO

Name of Person

at (305)

643-4122

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 JUN -5 AM 11:15

MIAMI-DADE MEDICAL RESEARCH INSTITUTE 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 01/09/2012 and assigned
Florida document number L12000003682.

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:

New Registered Office Address:

2472 SW 8 STREET # 207

Enter Florida street address

MIAMI

City

Florida

33135

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	ANGELO LAN GIANI	13615 S. DIXIE HIGHWAY # 311 MIAMI, FLORIDA 33176	☐ Add ☒ Remove
MGR	HECTOR RODRIGUEZ	13615 S. DIXIE HIGHWAY # 311 MIAMI, FLORIDA 33176	☐ Add ☒ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated

May 25 2012

Signature of a member or authorized representative of a member

ONELIA FAJARDO

Typed or printed name of signee

FILED
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DIVISION OF CORPORATIONS
12 JUN -5 AM 11:15