

L120000003682

(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



100241217571

11/01/12--01024--017 \*\*25.00

2012 NOV 01 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER

NOV 2 2012

**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)

2012 NOV 1 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

**ONELIA FAJARDO** at ( **305** ) **643-4122**  
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

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	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	HECTOR RODRIGUEZ	13615 S. DIXIE HIGHWAY # 311 MIAMI FLORIDA 33176	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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

Dated

*May 25 2012*

*Onelia Fajardo*

Signature of a member or authorized representative of a member

ONELIA FAJARDO

Typed or printed name of signee

FILED  
 SECRETARY OF STATE  
 2012 NOV 1 AM 9:00  
 TALLAHASSEE, FLORIDA