

JUL/18/2014/FRI 11:01 AM

FAX No.

P. 001/005

7/17/2014

Division of Corporations

L12000057188
Florida Department of State
Division of Corporations
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((H14000170781 3)))

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UNLIMITED MEDICAL RESEARCH, LLC**

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7/18/2014 8:50:35 AM PAGE 1/001 Fax Server



July 18, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

UNLIMITED MEDICAL RESEARCH, LLC
85 GRAND CANAL DRIVE, SUITE 107
MIAMI, FL 33144US

SUBJECT: UNLIMITED MEDICAL RESEARCH, LLC
REF: L12000057188

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The form you submitted is for a Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return 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.

Jenna D Harris
Regulatory Specialist II

FAX Aud. #: H14000170781
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JUL 18 AM 10:54

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DIVISION OF CORPORATIONS

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

UNLIMITED MEDICAL RESEARCH 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 04/27/2012 and assigned Florida document number L12000057188

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:

Enter Florida street address

City Florida 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 605, 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