## L12010076185

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**EXAMINER** 



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SECRETARY OF STATE DIVISION OF CORPORALION

## **COVER LETTER**

TO: Registration Division of C		;¥		·
SUBJECT:	Clinical Embryo	logy Consultants, LI	LC	Que s
SOBJECT:		ted Liability Company	*.	12 5 M 26
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		10
Please return all corres	pondence concerning this matter	to the following:		
	<u> </u>	Dunsong Yang		
		Name of Person		
	<del></del>	Firm/Company		
5570 Florida Mining BLVD, Suite 603				
		Address		
	J	acksonville, FL 32257		
		City/State and Zip Code dunsong@aol.com		
	E-mail address: (	to be used for future annual report	notification)	
For further information	n concerning this matter, please of	call:		
	Dunsong Yang	at ( 904 )	8667978	<del></del>
Name	e of Person	Area Code & Da	aytime Telephone Number	
Enclosed is a check for	r the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc		f Status &
MAI	ILING ADDRESS:	STREET/COURIER ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Clinical Embryology Consultants, 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 Co. Florida document numberL12000076185	ompany were filed on	6/7/2012	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company he	ere:		
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Comp	pany," the designation "	LLC" or the abbreviation	
Enter new principal offices address, if applicable:			<del></del>	
(Principal office address MUST BE A STREET ADDR.	ESS)			
Enter new mailing address, if applicable:	9918 Chelse	ea Lake Road		
(Mailing address MAY BE A POST OFFICE BOX)	Jacksonville	, FL 32256		
B. If amending the registered agent and/or registered agent and/or the new registered office address agent and/or the new registered office address agent and/or the new registered Agent:		our records, <u>enter</u>	the name of the new	
-				
New Registered Office Address:	E	nter Florida street ad	dress	
	, Florida			
<del></del> -	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 **Type of Action Title Name Address** MGRM Cuizhang DU 5570 Florida Mining BLVD, ☐ Add Suite 603 ∇ Remove Jacksonville, FL 32257 Add 🗌 ☐ Remove □ Add □ Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 18 2012 Signature of a member or authorized representative of a member **Dunsong Yang** Typed or printed name of signee

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Filing Fee: \$25.00