L12000095187

| (Re | equestor's Name) | , |
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| (Ac | ldress) | |
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| (Ci | ty/State/Zip/Phone | ; #) |
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FEB 1 2013 T. HAMPTON

COVER LETTER

TO: Registration Section

Division of Corporations

ENZA CLINICAL 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:

ANA LAPHAM

Name of Person

CERVETTA-LAPHAM & ASSOCIATES

Firm/Company

6609 SW 65TH ST

Address

SOUTH MIAMI, FL 331433

City/State and Zip Code

ANA@CERVETTALAPHAM.COM

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

For further information concerning this matter, please call:

ANA LAPHAM

at (305) 669-2701

Name of Person

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)

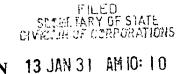
MAILING ADDRESS:

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



POTENZA CLINICAL 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 Liab | ility Company were filed on 07/20/1 | 2 and assigned |
|--|---|--|
| Florida document number L12000095187 | · | |
| This amendment is submitted to amend the following | ing: | |
| A. If amending name, enter the new name of th | e limited liability company here: | • |
| FUNDACION RESPIRAR LLC | | |
| The new name must be distinguishable and end with the "L.L.C." | he words "Limited Liability Company," the | he designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable | le: | |
| (Principal office address MUST BE A STREET A | ADDRESS) | |
| | | |
| Enter new mailing address, if applicable: | | · |
| (Mailing address MAY BE A POST OFFICE BO | <u> </u> | |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | | ecords, enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Flo | orida street address |
| | | , Florida |
| | 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 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> Name 1 **Address Type of Action** Remove Add Remove Remove $\frac{\omega}{2}$ Remove Add Remove

| D' R | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) | | | |
|-------------------------------|---|--|--|--|
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| | | | | |
| Dated _ | KNVARY 22 ND . 2013. | | | |
| | Hallow | | | |
| | Signature of a member or authorized representative of a member | | | |
| Pablo Auskis Christian Dories | | | | |
| | Typed or printed name of signed Page 3 of 3 | | | |
| | rage 3 or 3 | | | |

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