

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000070333 3)))



H13000070333ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : Y. GONZALEZ CPA, PA
Account Number : I20120000018
Phone : (786) 383-4095
Fax Number : (888) 769-0857

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
JC CLINICAL RESEARCH GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED
13 MAR 28 AM 6:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDAFILED
13 MAR 28 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

MAR 29 2013

B. KOHR

<https://efile.sunbiz.org/scripts/efilcovr.exe>

3/27/2013

MAR-27-2013 13:15

From: 3052611987

Page: 1/2

(1130000703333)

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

JC CLINICAL RESEARCH GROUP 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 01/23/2013

Florida document number L13000011778

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

JC CLINIC LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC," or the abbreviation "LLC."

Enter new principal officers 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 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

FILED
13 MAR 28 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR-27-2013 13:16

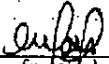
From: 3052611987

Page: 2/2

(H130000703333)

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

Dated _____


Signature of a member or authorized representative of a member

Lidia B Wong Rodriguez

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00