

Division of Corporations

Page 1 of 1

L13000083529

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.

(((H13000145356 3)))



H130001453563ABC

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 : LEGALZOOM.COM INC.
Account Number : I20010000062
Phone : (323) 962-8600
Fax Number : (323) 962-3889

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

Email Address: _____

FILED
2013 JUN 26 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
13 JUN 26 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CLINICAL RESEARCH COMPLIANCE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

FAX COVER SHEET

TO	
COMPANY	
FAX NUMBER	18506176383
FROM	Tony Burroughs
DATE	2013-06-26 10:49:37 PDT
RE	FL SOS - LZ order 506972477

COVER MESSAGE

This email and any attachments to it may be confidential. If this email was sent to you in error, please notify me immediately by reply email, and please do not use, distribute, retain, print, or copy the email or any of its attachments. LegalZoom is not a law firm and can only provide self-help services at your specific direction. LegalZoom.com, Inc. is a registered and bonded legal document assistant, #0104 Los Angeles County (exp. 12/13), and is located at 101 N. Brand Blvd., 11th Floor, Glendale, CA 91203.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLINICAL RESEARCH COMPLIANCE, 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:

Barbara Dang
(Name of Person)

Legalzoom.com, Inc.
(Firm/Company)

100 W. Broadway Suite 100
(Address)

Glendale, CA 91210
(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Dang at (323) 962-8600
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED

2013 JUN 26 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

CLINICAL RESEARCH COMPLIANCE, 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 06/10/2013 and assigned
Florida document number L13000083529.

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."

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)

_____, 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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	OZAETA, ELOY S	2711 12TH STREET W LEHIGH ACRES, FL 33971	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	OZAETA, CAMERON C	2711 12TH STREET W LEHIGH ACRES, FL 33971	<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 June 24, 2013

LeKeshia L. Underwood
Signature of a member or authorized representative of a member
UNDERWOOD, LEKESHA L LeKeshia L. Underwood
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

FILED
2013 JUN 26 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA