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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Margarita Rivas 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:
Margarita Rivas Name of Person
Margarita Rivas, Clinical Research Lici
4015 W. Cleveland Street
Tampa, FL 33409
Tampa, FL 33609 City/State and Zip Code
For further information concerning this matter, please call:
Mergarita Rivas at (504) 236 0906 Name of Person at (504) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$ Certified Copy (additional copy is enclosed) \$\Bigcup \$ 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 OF

Margarita Rivas, Clini (Name of the Limited Liability Company (A Florida Limited Liab	cal Research LLC	<u>-</u>
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company we Florida document numberL 14 000054490	ere filed on 3/April 20	oldand assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability Margarita Rivas Clinical The new name must be distinguishable and contain the words "Limited Liability		tant LLC
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable:		AUG 29
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	
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	<u> </u>	en co
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	ce address on our records, <u>enter</u>	the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zin Code
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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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			□ Change

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ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of the date inserted in this block does not meet the applicable statument's effective date on the Department of State's records.	of filing or more than 90 days after filing.) Pursuant to 605.02
record specifies a delayed effective date, but not an e he 90th day after the record is filed.	ffective time, at 12:01 a.m. on the earlier
ed 23 August 2018.	

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Typed or printed name of signee

Filing Fee: \$25.00