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K. SALY DEC - 9 2016

# **COVER LETTER**

	Registration Sect Division of Corpo			
SUBJEC	T: XPE	2TRIALS E	XPERT & Imp	prt.
The enclo	osed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please ret	urn all correspond	lence concerning this matter to	o the following:	
		JESÓS	Rombos Name of Person	·
	,		Name of Felson	
	,	•	Firm/Company	<del></del>
		1017 5 Dn	ive suite C	
			Address	
	•	DELRAY BE	ACH , FL 33	145·
			City/State and Zip Code	· · ·
		E-mail address: (to	be used for future annual report notifi	cation)
For furthe	er information cor	cerning this matter, please cal	li:	
	·		at ()	
	Name of I	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for the	following amount:	· ·	
□ \$25.0	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 OF

	-0
16 CEC -9	Bl. Kr. na
SECOLO	U.C.

X PERTRIA		ERT Dimp		OND.
(Name of the Limit	(A Florida Limited Li	y as it now appears o ability Company)	n our records.)	
The Articles of Organization for this Limited Li Florida document number <u>JJOXX</u>	ability Company v	were filed on	0-10-14	and assigned
This amendment is submitted to amend the follow	owing:			
A. If amending name, enter the new name of X PERTRIALS EX  The new name must be distinguishable and contain the w	PORT#1	moort L	.L.C.	bbreviation "L.L.C."
Enter new principal offices address, if applic	able:	<del></del>		
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)		<u> </u>	
	•			· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/ registered agent and/or the new registered of			our records, enter	the name of the new
•				
Name of New Registered Agent:				
New Registered Office Address:	<del></del>	F	a street address	· 
•		enter rioridi	u sireet aaaress	
		Cit	, Florida _	Zip Code
		City	•	zip Coae

## 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 = AMBR =	Manager Authorized Member		16 OCC -5 All In: 00	:
<u>Title</u>	<u>Name</u>	Address	SECULATIVE TO OBION	Type of Action
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Page 3 of 3

Filing Fee: \$25.00