

L14000104474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

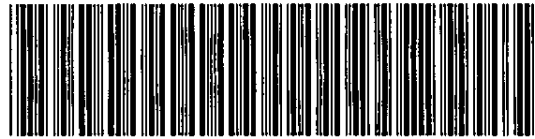
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 DEC 29 PM 15:03
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JAN - 2 2015

T CLINE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 4, 2014

ANKUR AGRAWAL
11788 W SAMPLE ROAD, SUITE 103
CORAL SPRINGS, FL 33065

SUBJECT: ELIXIR CLINICAL RESEARCH CENTER LLC
Ref. Number: L14000104474

We have received your document for ELIXIR CLINICAL RESEARCH CENTER LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline
Regulatory Specialist II

Letter Number: 614A00025588

RECEIVED
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

14 DEC 29 AM 10:00

2014 DEC 29 AM 10:03

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Elixir Clinical Research Center, 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:

Ankur Agrawal

Name of Person

Firm/Company

11788 W Sample Road, Suite 103

Address

Coral Springs, FL

City/State and Zip Code

ankuragarwal1977@gmail.com

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

For further information concerning this matter, please call:

KRISHAN K GARG

954 636-6424
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input 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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Elixir Clinical Research Center, 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 07/01/2014 and assigned
Florida document number L14000104474.

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 "LLC."

Enter new principal offices 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:

KRISHAN K GARG

New Registered Office Address:

8551 W Sunrise Blvd, Suite 101A
Enter Florida street address

Plantation, FL, Florida 33322
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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
COO	RAVI BEHARA	11788 W SAMPLE ROAD, SUITE 103	<input type="checkbox"/> Add
		CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Remove
CMO	SIRISH Mulpura	11788 W SAMPLE ROAD, SUITE 103	<input type="checkbox"/> Add
		CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Remove
AMBR	MULPURA RESEARCH <i>SOLUTIONS LLC.</i>	13610 SW 75TH STREET	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33183	<input type="checkbox"/> Remove
AMBR	ESA RESEARCH LLC	15995 MATARO BAY COURT	<input checked="" type="checkbox"/> Add
		DELRAY BEACH, FL 33446	<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.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated November 20, 2014

Ravi S. Behara

Signature of a member or authorized representative of a member

RAVI S. BEHARA

Typed or printed name of signee

2014 DEC 29 PM 12:04
STATE OF FLORIDA
DEPARTMENT OF STATE
CLERK OF THE SUPREME COURT