L14000194775

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Document Number)
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June 8, 2015

MIKE VEIZAGA 9768 SW 24 STREET MIAMI, FL 33165

SUBJECT: INTEGRITY CLINICAL RESEARCH, LLC

Ref. Number: L14000194775

We have received your document for INTEGRITY CLINICAL RESEARCH, 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 document must be signed by a member or an authorized representative of a member.

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.

Stacey M Mason Regulatory Specialist II

Letter Number: 515A00011973

SECRETARY OF STATE
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ATTN:

COVER LETTER

STACEY

TO:		dstration Se ision of Cor			Masc	Λĸ
Integrity C			linical Research, LLC			
SUBJ	EC1:		Name of Lim	ited Liability Company	<u></u>	
The e	nclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	e return	all correspo	ondence concerning this matter	to the following:		
			Mike Veizaga			
	ω	بجرس		Name of Person	 -	
	2: 1	S (A I	Integrity Clinical Research	ı, LLC		
\geq	<u> </u>	5		Firm/Company		
RECEIVE	-2 PH 2:	AFE ESSE	9786 SW 24 Street			
#		戶		Address		
-	13 .	SECI PALL	Miami, FL 33165			
				City/State and Zip Code		
			mveizaga@icrsites.com			
			E-mail address: (to be used for future annual report notif	ication)	
For fu	ırther id	iformation c	oncerning this matter, please c	all:		
Mike	Veiza	ga		305 552-7660 at ()		
		Name o	f Person		e Telephone Number	
Enclo	sed is a	check for t	he following amount:			
■ \$2	25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy, (additional convits fifelosed)	SIAIG

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 SECKETARY OF STATE NYTSION OF CORPORATIONS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Integrity Clinical Research, LLC				
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L14000194775.	were filed on 12/23/2014	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the al	obreviation "L.L.C."		
Enter new principal offices address, if applicable:	9786 SW 24 Street			
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33165			
Enter new mailing address, if applicable:	9786 SW 24 Street			
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33165			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:		the name of the ne		
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 provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as public to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I further ag performance of my duties, and I am provided for in Chapter 605, F.S. Or	familiaf with And if this document is		

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>	Address	Type of Action
MGR	A & H Consultants, Corp.	7771 NW 7 Street	■ Add
		715	☐ Remove
		Miami, FL 33126	□ Change
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			□ Change
			□ Add
			Remove
			□ Change
			SECRETARY OF C 144 JUL RE 147 JUL RE 171 JUL RE 172 JUL RE 173 JUL RE 173 JUL RE 174 JUL RE 175 JUL RE 17
	<u> </u>		THE CORPORATIONS 2 PRO2: 3 A RY OF STATE BY OF STATE SEE, FLORIDA
			□ Remove
			□ Change

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Note: If	date, if other than the date of filing ive date is listed, the date must be specific and the date inserted in this block does not not seffective date on the Department of S	neet the applicable statutory filing req	(optional) an 90 days after filing.) Pursus uirements, this date will no	ant to 605.0207 (3 of be listed as th
Note: If document the reco	the date inserted in this block does not n	neet the applicable statutory filing requirate's records. late, but not an effective time	an 90 days after filing.) Pursus uirements, this date will no	ot be listed as the
Note: If document the reco	the date inserted in this block does not not self- t's effective date on the Department of Self- ed specifies a delayed effective of	neet the applicable statutory filing requirate's records. late, but not an effective time	an 90 days after filing.) Pursus uirements, this date will no	ot be listed as th
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Note: If document the reco	the date inserted in this block does not not see that the Department of Section of the Department of Section of the Section of the Section of S	neet the applicable statutory filing requirate's records. Itate, but not an effective time	an 90 days after filing.) Pursus uirements, this date will not at 12:01 a.m. on the SECHERAL ALASS	e earlier of: SECRETATE SECRETATE 15 JUL -

Page 3 of 3

Filing Fee: \$25.00