

Florida Department of State
Division of Corporations
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((H16000156150 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : JAMES ACCOUNTING & TAX PRACTICE, INC.
Account Number : I20000000159
Phone : (305)595-2896
Fax Number : (305)595-2898

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ALPHA SCIENCE RESEARCH LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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| Page Count | 076 |
| Estimated Charge | \$25.00 |

2016 JUN 27 AM 3:29

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TALLAHASSEE, FLORIDA

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2016 JUN 27 AM 7:15

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James Accounting

0002/0006

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6/27/2016 10:01:17 AM PAGE 1/001 Fax Server



June 27, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ALPHA SCIENCE RESEARCH LLC
12955 SW 132ND ST, SUITE 204
MIAMI, FL 33186

SUBJECT: ALPHA SCIENCE RESEARCH LLC
REF: L16000106969

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

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Yasemin Y Sulker
Regulatory Specialist II

FAX Aud. #: H16000154633
Letter Number: 716A00013428

2016 JUN 27 AM 3:30
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

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

Alpha Science Research 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 06-02-2016 and assigned
Florida document number L16000106969.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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:

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 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> | <u>Type of Action</u> |
|--------------|-------------------|-----------------------------|--|
| MGR | Jarrett Wentworth | 12955 Sw 132nd St Suite 204 | <input type="checkbox"/> Add |
| | | Miami FL 33186 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| MGR | Jarrett Sandra | 12955 Sw 132nd St Suite 204 | <input checked="" type="checkbox"/> Add |
| | | Miami FL 33186 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

June 24, 2016

Signature of a member or authorized representative of a member

VERNA JAMES

Typed or printed name of signee