

L16000169882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

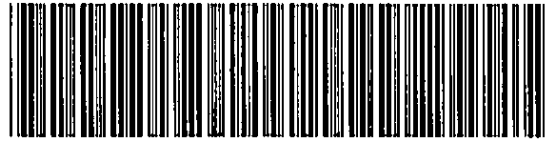
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K. SALY
JUN 7 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Power MD Clinical Research Institute 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:

Oswaldo Martinez
Name of Person

Power MD Clinical Research Institute LLC.
Firm/Company

4000 N. 37AVE.
Address

Hollywood FL 33021
City/State and Zip Code

OMARTINEZ@PMDTRIALS.COM.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Oswaldo Martinez at (954) 918-4533
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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**

Power MD Clinical Research Institute 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 9-13-2016 and assigned
Florida document number L16000169882.

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


Title	Name	Address	Type of Action
AMBR	POWELL USOLLE	4000 W. 37 AVE HOLLYWOOD FL. 33021	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	ALEJANDRO A. SANCHEZ	4000 W. 37 AVE HOLLYWOOD FL. 33021	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	DAVID S. MARINEZ	4000 W. 27 AVE HOLLYWOOD FL 33021	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	ALEJANDRO A. SANCHEZ	15480 SW 284th #208 HOMESTEAD FL 33033	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	ANAVIRY SANCHEZ	15480 SW 284th #208 HOMESTEAD FL 33033	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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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), 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. If an effective date is listed, this date will not be listed as the date of filing.

Dated 6-3-2018



Signature of a member or authorized representative of a member

Oswaldo MARTINEZ

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 24, 2018

POWER OD CLINICAL RESEARCH INSTITUTE L.L.C.
OSVALDO MARTINEZ
4000 N 37 AVE.
HOLLYWOOD, FL 33021

SUBJECT: POWER MD CLINICAL RESEARCH INSTITUTE L.L.C.
Ref. Number: L16000169882

We have received your document for POWER MD CLINICAL RESEARCH INSTITUTE L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 618A00010887

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DIVISION OF CORPORATIONS
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