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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Power MD Clinical Research Institute L.L.C.
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:

Alejandro Gonzalez
Name of Person

Power MD Clinical Research Institute L.L.
Firm/Company

15480 SW 284 St Apt #208
Address

Homestead, FL, 33033
City/State and Zip Code

alexgon@pmdtrials.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alejandro Gonzalez at (786) 804-7219
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**

Power MD Clinical Research Institute L.L.C.
(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 09/12/2016 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)

4395 Palm Ave
Hialeah, FL, 33012

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4395 Palm Ave
Hialeah, FL, 33012

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:

Alejandro A Gonzalez

New Registered Office Address:

4395 Palm Ave

Enter Florida street address

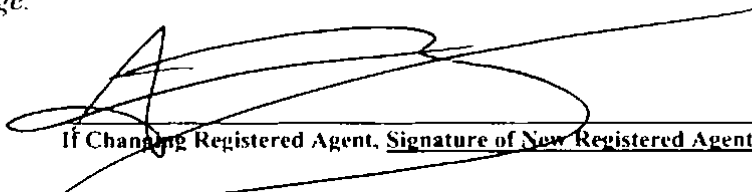
Hialeah, Florida 33012

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 add or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MBR</u>	<u>Alejandro A</u> <u>Gonzalez</u>	<u>15480 SW 284 St #208</u> <input type="checkbox"/> Add <u>Homestead, Fl, 33033</u> <input checked="" type="checkbox"/> Remove	<input type="checkbox"/> Change
<u>MGR</u>	<u>Alejandro A</u> <u>Gonzalez</u>	<u>15480 SW 284 St #208</u> <input checked="" type="checkbox"/> Add <u>Homestead, Fl, 33033</u> <input type="checkbox"/> Remove	<input type="checkbox"/> Change
<u> </u>	<u> </u>	<u> </u> <input type="checkbox"/> Add	<input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u> <input type="checkbox"/> Change	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u> <input type="checkbox"/> Remove	<input type="checkbox"/> Change
<u> </u>	<u> </u>	<u> </u> <input type="checkbox"/> Add	<input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u> <input type="checkbox"/> Change	<input type="checkbox"/> Add
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<u> </u>	<u> </u>	<u> </u> <input type="checkbox"/> Change	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u> <input type="checkbox"/> Remove	<input type="checkbox"/> Change

[illegible]

(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)

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

July 17, 2019

Signature of a member or authorized representative of a member

Alejandro A Gonzalez

Typed or printed name of signee