

5/12/2021

Division of Corporations

Florida Department of State
Division of Corporations
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(((H21000191535 3)))



H210001915353ABC.

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To:

Division of Corporations
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From:

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Account Number : 076077003213
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
INPATIENT RESEARCH CLINIC, LLC**

Certificate of Status	0
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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1/3/21

COVER LETTER

H21000191535 3

TO: Registration Section
Division of Corporations

SUBJECT: INPATIENT RESEARCH CLINIC, 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:

WILLIAM S. KRAMER, ESQ.

Name of Person

BRINKLEY MORGAN

Firm/Company

ONE FINANCIAL PLAZA, 100 SE 3RD AVE., 23RD FLOOR

Address

FORT LAUDERDALE, FL 33394

City/State and Zip Code

william.kramer@brinkleymorgan.com

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

For further information concerning this matter, please call:

WILLIAM S. KRAMER, ESQ.

954
at ()

522-2200

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

H21000191535 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H21000191535 3

INPATIENT RESAERCH CLINIC, 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 11/04/2016 and assigned Florida document number L16000203309.

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)

13903 NW 67TH AVENUE

SUITE 350

MIAMI LAKES, FL 33014

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13903 NW 67TH AVENUE

SUITE 350

MIAMI LAKES, FL 33014

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:

ANAIS CORTES

New Registered Office Address:

13903 NW 67TH AVENUE, SUITE 350

Enter Florida street address

MIAMI LAKES

Florida

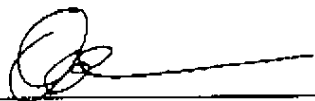
33014

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.

X 

If Changing Registered Agent, Signature of New Registered Agent

H21000191535 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H21000191535 3

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR, P	CORTES, ANAIS B., DR.	13903 NW 67TH AVENUE	<input checked="" type="checkbox"/> Add
		SUITE 350	<input type="checkbox"/> Remove
		MIAMI LAKES, FL 33014	<input type="checkbox"/> Change
VP	FERNANDEZ, LIZBERT, RN	13903 NW 67TH AVENUE	<input type="checkbox"/> Add
		SUITE 350	<input checked="" type="checkbox"/> Remove
		MIAMI LAKES, FL 33014	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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H21000191535 3

H21000191535 3

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

1. **Introduction:** This document provides a detailed overview of the project's objectives, scope, and the methodology employed for data collection and analysis. The primary goal is to assess the impact of the intervention on the target population.

2. **Methodology:** The study utilized a mixed-methods approach, combining quantitative surveys with qualitative interviews. Data was collected from a sample of 100 participants, representing the target population. The analysis was conducted using statistical software and thematic analysis techniques.

3. **Results:** The quantitative data revealed a significant positive impact of the intervention on the target population. The qualitative data provided insights into the experiences and perceptions of the participants, highlighting the effectiveness of the intervention in addressing the identified needs.

4. **Conclusion:** The findings of this study suggest that the intervention is effective in achieving its intended purpose. The results provide a strong basis for the implementation of similar programs in the future.

5. **Recommendations:** Based on the findings, it is recommended that the intervention be scaled up to reach a larger population. Further research is needed to explore the long-term effects of the intervention and to identify potential barriers to implementation.

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

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 5/12, 2021

K _____
Signature of a member or authorized representative of a member

ANALIS B. CORTES

Typed or printed name of signee