

L16 000 205143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

ORIGIN ID: JDMA (305) 444-1958
DUARTE LAW FIRM

999 PONCE DE LEON BLVD., STE. 735

CORAL GABLES, FL 33134
UNITED STATES US

IN THE CENTRE OF

Office Use Only



400340892314

02/27/20--01025--001 4:25:05

MAR 20 2020
S. YOUNG

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32304

2020 FEB 27 AM 7:08

FILED

FILED
2020 FEB 27 AM 7:08
U.S. DISTRICT COURT
DIVISION OF CALIFORNIA
TALLAHASSEE
and assigned

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

(Principal office address MUST BE A STREET ADDRESS)

(Mailing address MAY BE A POST OFFICE BOX)

Zip Code

Page 1 of 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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	KEILA HOOVER MD		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CARLOS CARUS JR		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Miami Clinical Research Corp	7371 SW 24th Street	<input checked="" type="checkbox"/> Add
		Miami, FL 33155	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Be Business Smart, Inc.	7324 SW 132nd Ct.	<input checked="" type="checkbox"/> Add
		Miami, FL 33183	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

A single, solid black line segment is drawn diagonally across the page. It starts at a point in the lower-left quadrant and extends upwards and to the right, ending at a point in the upper-right quadrant. The line is straight and has a constant positive slope.

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.

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

Dated _____, _____

x

Signature of a member or authorized representative of a member

KEILA HOOVER

Typed or printed name of signee