

L17000163430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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JUN 11 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 24, 2018

OSVALDO MARTINEZ
4000 N 37 AVE
HOLLYWOOD, FL 33021

SUBJECT: PALM BEACH CLINICAL RESEARCH LLC
Ref. Number: L17000163430

We have received your document for PALM BEACH CLINICAL RESEARCH LLC 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 the corrected original and one copy of 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.

Brittany M Figueroa
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 618A00010875

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DEPARTMENT OF
DIVISION OF
ALLAH

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Atl Beach Clinical Research 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
Atl Beach Clinical Research LLC.
Firm/Company
4000 N. 37 AVE
Address
Hollywood FL 33021
City/State and Zip Code
OMARTINEZ@PMI TRIALS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Oswaldo Martinez at (964) 918-4533
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input 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**

ALM BEACH CLINICAL 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 8.01.2017 and assigned
Florida document number L17000163430

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>
AMBR	ROXEN M DMSO LLC	4000 N. 37 AVE	<input type="checkbox"/> Add
		Hollywood FL 33021	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ALEJANDRO A Gonzalez	4000 N. 37 AVE	<input type="checkbox"/> Add
		Hollywood FL, 33021	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MSR	Orlando S MARTINEZ	4000 N. 37 AVE	<input checked="" type="checkbox"/> Add
		Hollywood FL 33021	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MSR	ALEJANDRO A Gonzalez	15480 SW 28455	<input checked="" type="checkbox"/> Add
		#208	<input type="checkbox"/> Remove
		HOME STEAD FL 33033	<input type="checkbox"/> Change
MSR	ANAYLY Gonzalez	15480 SW 28455	<input checked="" type="checkbox"/> Add
		#208	<input type="checkbox"/> Remove
		HOME STEAD FL 33033	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

COLLEGE OF STATE
ALABAMA OFFICE

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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.

Dated 6-3-2018

Signature of a member or authorized representative of a member

Oswaldo Martinez