

L17000257102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

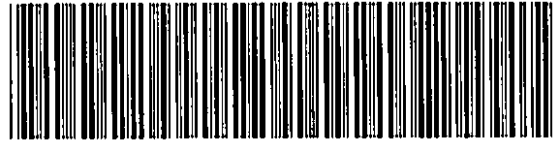
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILING OFFICE  
HAWAII

BY SIMMONS  
SEP 20 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 6, 2018

AMIN HALUM  
124 HIDDEN HOLLOW DR  
PALM BEACH GARDENS, FL 33418

SUBJECT: THE INSTITUTE OF INVESTIGATIVE AND TRANSLATIONAL  
MEDICINE, LLC  
Ref. Number: L17000257102

We have received your document for THE INSTITUTE OF INVESTIGATIVE AND TRANSLATIONAL MEDICINE, 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 FLORIDA LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 318A00011716

2018 JUN 17 11:10:16  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Institute of Investigative and Translational Medicine  
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:

MUHAMMAD TAHIR BHINDER  
Name of Person

Institute of Investigative and Translational Medicine  
Firm/Company

124 Hidden Hollow Dr  
Address

Palm Beach Gardens, FL 33418  
City/State and Zip Code

tahir.bhinder@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Muhammad T. Bhinder at ( 561 ) 267-1447  
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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Institute of Investigative and Translational Medicine  
(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 \_\_\_\_\_ and assigned  
Florida document number L17000257102.

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>
<u>CFO</u>	<u>Christos G. Marafatses</u>	<u>124 Hidden Hollow Dr</u>	<input checked="" type="checkbox"/> Add
		<u>Palm Beach Gardens FL</u>	<input type="checkbox"/> Remove
		<u>33418</u>	<input type="checkbox"/> Change
<u>COO</u>	<u>Suhaib M. Muflih</u>	<u>4460 Medical Center Way</u>	<input type="checkbox"/> Add
		<u>West Palm Beach FL</u>	<input checked="" type="checkbox"/> Remove
		<u>33407</u>	<input type="checkbox"/> Change
<u>CEO</u>	<u>Lynn Lafferty</u>	<u>4460 Medical Center Way</u>	<input type="checkbox"/> Add
		<u>West Palm Beach FL</u>	<input checked="" type="checkbox"/> Remove
		<u>33407</u>	<input type="checkbox"/> Change
<u>COO</u>	<u>Basim Halum</u>	<u>124 Hidden Hollow Dr</u>	<input type="checkbox"/> Add
		<u>Palm Beach Gardens FL</u>	<input type="checkbox"/> Remove
		<u>33418</u>	<input checked="" 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

FILED  
APR 17 2018  
46

18 SEP 17 AM 11:00  
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18 SEP 17 AM 11:00

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SEP 17 AM 11:46  
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(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.

Dated September 8, 2018

Signature of a member or authorized representative of a member

MUHAMMAD TAHIR BHINDER

Typed or printed name of signee