

L18 000242370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

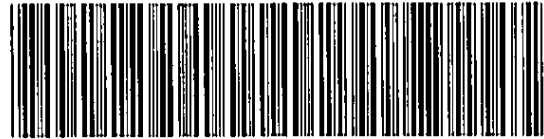
(Business Entity Name)

(Document Number)

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2019 NOV -7 AM 9:16

FILED

C. GOLDEN

DEC - 7 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOUTH FLORIDA RESEARCH ORGANIZATION 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:

NAIVIL LOPEZ
Name of Person

SOUTH FLORIDA RESEARCH ORGANIZATION LLC
Firm/Company

7911 NW 72 AVE SUITE 215B.
Address

MEDLEY FL 33166.
City/State and Zip Code

NLOPEZ@SFROTRIGLS.COM.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NAIVIL LOPEZ at (850) 658-8059.
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

South Florida Research Organization LLC

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

2019 NOV -7 AM 9:16
SD

The Articles of Organization for this Limited Liability Company were filed on 10/15/18 and assigned
Florida document number L18000242370

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:

Alexander Martinez

New Registered Office Address:

4011 SW 55 Terrace

Enter Florida street address

West Park

City

Florida 33023

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.

[Signature]
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> |
|--------------|-----------------------|---------------------|--|
| CEO | Portales, Yadiray | 1928 NE 4 Ct | <input type="checkbox"/> Add |
| | | HOMESTEAD FL 33033. | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| CEO | Perez Valido, Dolis M | 1928 NE 4 Ct | <input type="checkbox"/> Add |
| | | HOMESTEAD FL 33033. | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| CEO | Rodman, Orallys | 1928 NE 4 Ct | <input type="checkbox"/> Add |
| | | HOMESTEAD FL 33033. | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| CEO | Martinez, Alexander | 4011 SW 59 TERRACE. | <input checked="" type="checkbox"/> Add |
| | | WEST PARK FL 33023. | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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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)

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.

Signature of a member or authorized representative of a member

Naivil Lopez.
Typed or printed name of signee