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(Business Entity Name)
(Document Number)
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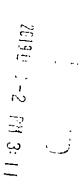
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FILING CANCELLED
DUE TO RETURNED CHECK

15,03/19--61042--692 **50.06



R. WHITE. JAN 1 3 2020

COVER LETTER

FO: Registration Section Division of Corporations

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FILING CANCELLED DUE TO RETURNED CHECK

	ALPHA ONCOLOGY RESEARCH, LLC
SUBJECT:	

	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JOSHUA J. MCGUIRE		
		Name of Person	
	ALPHA ONCOLOGY RE	SEARCH, LLC	
		Firm/Company	
275 S. CHARLES RICHARD BEALL, SUITE 10			
		Address	
	DEBARY, FL 32713		
	APARENTE@AORCORP.	City/State and Zip Code COM	
	E-mail address: (to be used for future annual report notific	ration)
For further information c	oncerning this matter, please co	ill:	
ANGELA PARENTE		407 595-4223	
Name o	f Person		Telephone Number
Enclosed is a check for the	ne following amount:		
(i) \$25.00 Filing Fee	S30.00 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

FILING CANCELLED ARTICLES OF AMENDMENT DUE TO RETURNED CHECK TO ARTICLES OF ORGANIZATION

2813E -2 14 3:11 **OF** The Articles of Organization for this Limited Liability Company were filed on October 15, 2019 _ and assigned Florida document number ______119000259237 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 "L.L.C." or the abbreviation "L.L.C." 275 S. Charles Richard Beall Blvd, Suite 101 Enter new principal offices address, if applicable: Debary, FL 32713 (Principal office address MUST BE A STREET ADDRESS) 275 S. Charles Richard Beall Blvd, Suite 101 Enter new mailing address, if applicable: Debary, FL 32713 (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 addr	TAN
	City	FloridaZip 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

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<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			□ Change
			□ Remove
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			D Add
			□ Remove
			☐ Change

_ _	FILING CANCELLED
Ι	DUE TO RETURNED CHECK
	
	
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Note: If the date inserted in thi	the date of filing:
ne record specifies a dela The 90th day after the	eyed effective date, but not an effective time, at 12:01 a.m. on the earlier or record is filed.
Dated November 11	. 2019
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00