

120000 110752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

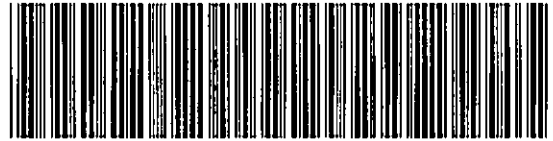
(Business Entity Name)

(Document Number)

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2021 NOV -X AM 10:04  
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TALLAHASSEE, FL

Y SULKER  
NOV 08 2021



2021 NOV -4 AM 10:39

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 1, 2021

COMPREHENSIVE CLINICAL RESEARCH, LLC  
603 VILLAGE BLVD. SUITE 301  
WEST PALM BEACH, FL 33414

SUBJECT: COMPREHENSIVE CLINICAL RESEARCH, LLC  
Ref. Number: L20000110752

We have received your document for COMPREHENSIVE CLINICAL RESEARCH, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return 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) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 721A00023576

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: COMPREHENSIVE 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:

BARBARA ACKERMAN  
Name of Person

COMPREHENSIVE CLINICAL RESEARCH, LLC  
Firm/Company

2861 LONG MEADOW DR.  
Address

WELLINGTON, FL. 33414  
City/State and Zip Code

bobbieackerman@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara Ackerman at ( 561 ) 389-4095  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

COMPREHENSIVE 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 4/23/2020 and assigned  
Florida document number L20000110752.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

NA

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:**

NA

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

NA

**(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:

NA

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**

[illegible]

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

*Resignation of Jamie Ackerman*

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.

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.

Dated 9/17, 2021.

*Barbara Ackerman*

Signature of a member or authorized representative of a member

*Barbara Ackerman*

Typed or printed name of signee

Filing Fee: \$25.00

**COMPREHENSIVE CLINICAL RESEARCH, LLC**

603 VILLAGE BLVD., SUITE 301  
WEST PALM BEACH, FLORIDA 33414  
**561 478-3177**

June 10, 2021

Ronald T. Ackerman, Md  
Barbara S. Ackerman  
603 Village Blvd., Suite 301  
West Palm Beach, FL 33409

This letter is to confirm that I am voluntarily withdrawing as an officer of Comprehensive Clinical Research, LLC. I agree to accept payment of the original Capital Contribution that I paid of \$10,000. I intend to continue as an employee of the company with a bi-weekly salary.

Sincerely,



Jamie S. Ackerman