

M17000000555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

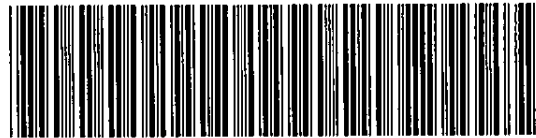
(Business Entity Name)

(Document Number)

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

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February 9, 2017

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

Re: Trialworks LLC (Document Number M17000000555)

To Whom It May Concern:

Enclosed, please find with respect to Trialworks LLC, a Delaware limited liability company authorized to transact business in Florida, an Amendment to its Certificate of Authority. Should you have any questions or need any further information please contact me at the number set forth above.

Sincerely,

A handwritten signature in black ink, appearing to read 'Steve Rosenthal', written in a cursive style.

Steven Rosenthal, Esq.

Enclosures

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Trialworks LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robb Steinberg

Name of Person

Trialworks LLC

Firm/Company

1550 Madruga Ave., Suite 508

Address

Coral Gables, FL 33146

City/State and Zip Code

robb@trialworks.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steve Rosenthal

Name of Person

at ( 786 ) 378-8121

Area Code & Daytime Telephone Number

### STREET/COURIER ADDRESS:

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

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

### Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of  
State: Trialworks LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M17000000555

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: January 19, 2017

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: Ryan Pakter

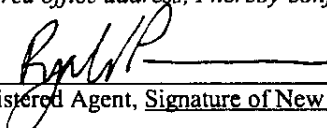
New Registered Office Address: 1550 Madruga Ave., Suite 508

*Enter Florida Street Address*

Coral Gables, Florida 33146  
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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

**Removal and addition of Managers of Manager-Managed LLC**

| <u>Title/ Capacity</u> | <u>Name</u>                               | <u>Address</u>                            | <u>Type of Action</u>                      |
|------------------------|---|---|--|
| <u>MGR</u>             | <u>Robb Steinberg</u>                     | <u>2711 Centerville Rd., Suite 400</u>    | <input type="checkbox"/> Add               |
|                        |   | <u>Wilmington, DE 19808</u>               | <input checked="" type="checkbox"/> Remove |
| <u>MGR</u>             | <u>Adam Jiwan</u>                         | <u>53 Hill Street, Suite 35</u>           | <input checked="" type="checkbox"/> Add    |
|                        |   | <u>Southampton, NY 11968</u>              | <input type="checkbox"/> Remove            |
| <u>MGR</u>             | <u>Michael Mager</u>                      | <u>126 Bergen Street, Unit 2</u>          | <input checked="" type="checkbox"/> Add    |
|                        |   | <u>Brooklyn, NY 11201</u>                 | <input type="checkbox"/> Remove            |
| <u>          </u>      | <u>                                  </u> | <u>                                  </u> | <input type="checkbox"/> Add               |
|                        |   | <u>                                  </u> | <input type="checkbox"/> Remove            |
| <u>          </u>      | <u>                                  </u> | <u>                                  </u> | <input type="checkbox"/> Add               |
|                        |   | <u>                                  </u> | <input type="checkbox"/> Remove            |

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Robb Steinberg  
Signature of the authorized representative

**Robb Steinberg**

Typed or printed name of signee

Filing Fee: \$25.00

SECRETARY OF STATE  
FLORIDA

MAY 10 10 11:02

FILED