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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: <u>Cent</u>	er for PM Re	SEATCH, UC	
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspor	idence concerning this matter t	o the following:	
	Micha	Name of Person	
	Center	for Pm Research	uc
	14804	Hartford Run Drive	<u> </u>
	Orlan Stale	do FL 32828 City/State and Zip Code 4 md & 401. Com be used for future annual report not	
For further information co	n-mail address' (to		infection)
Michael S Name of	Person	at (<u>407</u>) <u>920-</u> Area Code Daytir	0 2 55_ me Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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 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

(Name of the Limited Liability Comp (A Florida Limited	comming company	
e Articles of Organization for this Limited Liability Compan	y were filed on	and assigned
orida document number		
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited lia	bility company here:	
		
Center for Applied Research new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LL	C" or the abbreviation "L.L.C."
tter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS)	NA	
incipal office address most be A minister abbatessi		
incipal office agaress MOST DE AMPREELT ADDRESS;		
mapa opac udures nost be a strain about 35		P. D. J.
ter new mailing address, if applicable:		
ter new mailing address, if applicable:	N/3	
ter new mailing address, if applicable: Sailing address MAY BE A POST OFFICE BOX)		
ter new mailing address, if applicable: <u>ailing address MAY BE A POST OFFICE BOX)</u> If amending the registered agent and/or registered office	N/3	· ·
ter new mailing address, if applicable:	N/3	· ·
ter new mailing address, if applicable: <u>ailing address MAY BE A POST OFFICE BOX)</u> If amending the registered agent and/or registered office	N/3	· ·

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.

City

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 Address **Type of Action** <u>Name</u> <u>Title</u> _____ □Add _____ CRemove

		 Change
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		ge(s) here: (Attach additional sheets, if necessary.)
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fan effecti <mark>Note:</mark> - If i	ive date is listed, the date must be specific and cann	(optional) not be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (the applicable statutory filing requirements, this date will not be listed as to 's records.
record s d is filed.		ffective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	June 1 2	and or printed name of signer
	mil atton	
	IIIIONOW (TAWL)	、
	Signature of a memb	or or authorized representative of a member

Filing Fee: \$25.00