

K21 000049543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

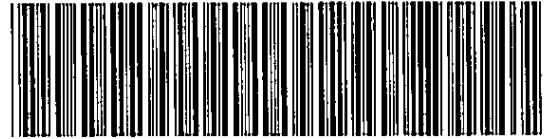
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IM CLINICAL RESEARCH CENTER, 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:

MARCHELLE ALBRITTON
Name of Person
IM CLINICAL RESEARCH CENTER, LLC
Firm/Company
100 S. Ashley Dr Suite 600
Address
Tampa, Florida, 33602
City/State and Zip Code
marchelle.albritton@renewhealthcr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARCHELLE ALBRITTON 727 902-0236
Name of Person at (Area Code) Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee \$30.00 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 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**

IM CLINICAL RESEARCH CENTER LLC

20221113-8 01/27/21

(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 01/27/2021 and assigned Florida document number 121000049543.

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."

Enter new principal offices address, if applicable:

100 S. Ashley Dr Suite 600

(Principal office address MUST BE A STREET ADDRESS)

Tampa, Florida, USA, 33602

Enter new mailing address, if applicable:

100 S. Ashley Dr Suite 600

(Mailing address MAY BE A POST OFFICE BOX)

Tampa, Florida, USA, 33602

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:

Marchelle Albritton

New Registered Office Address:

100 S. Ashley Dr Suite 600

Enter Florida street address

Tampa

City

Florida 33602

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 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>
AMBR	MARCHELLE ALBRITTON	100 S. Ashley Dr Suite 600	<input type="checkbox"/> Add
		Tampa, Florida, USA 33602	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	IASIA OWENS, TTEE	100 S. Ashley Dr Suite 600	<input type="checkbox"/> Add
		Tampa, Florida, USA 33602	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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