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I		WALK IN
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1. 2.	MCI CLINICAL RESE	EARCH CENTER, LLC UMENT #)
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TO ARTICLES OF ORGANIZATION **OF**

ARTICLES OF AMENDMENT

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SECRETARY OF - ...

MCI CLINICAL RESEARCH CENTER, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	were filed on $\frac{03/16/2}{}$	021 and assigned
Florida document number L21000109604		
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MCI CLINICAL RESEARCH AND WELLNESS CENTER, LLC 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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.		
A. If amending name, enter the new name of the limited liabi	ility company here:	
Florida document number L21000109604 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MCI CLINICAL RESEARCH AND WELLNESS CENTER, LLC 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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:		
The new name must be distinguishable and contain the words "Limited Liability and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Wo	ity Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices 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)		
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	- 1	-
	ddress on our recor	ds, 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:		
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MCI CLINICAL RESEARCH AND WELLNESS CENTER, LLC the new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC". Inter new principal offices 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) S. If amending the registered agent and/or registered office address on our records, enter the name of the new regent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address Lip Code	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

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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>	Name	Address	Type of Action
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Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo	be specific and cann	iot be prior to d	ate of filing or more	(option	ling.) Pursuant to 605.0	0207 (
ocument's effective date on the De	partment of State'	s records.	successive straining s	, , , , , , , , , , , , , , , , , , , ,	sale will not be listed	
record specifies a delayed effective is filed.	date, but not an e	ffective time,	at 12:01 a.m. on	the earlier of: (b)	The 90th day after	the
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	ACAGNI Signature of a memb	er or authorize	d representative of	a member		

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