

L 23 000 31 8834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

(Business Entity Name)

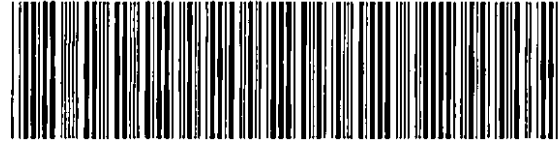
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10/16/23--01008--016 **25.00

2023 OCT 16 AM 7:22

10/23/2023

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

2023 OCT 16 AM 7:22

ALTRUISTIC 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 07/05/2023 and assigned Florida document number L23000318834.

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

3267 Davie Blvd

(Principal office address MUST BE A STREET ADDRESS)

Fort Lauderdale, FL 33312

Enter new mailing address, if applicable:

2950 N Palm Aire Dr

(Mailing address MAY BE A POST OFFICE BOX)

Apt 105

Pompano Beach, FL 33069

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: _____

Enter Florida street address

City

_____, Florida

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

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>
MGR	Polo D. Osorio	2950 N Palm Aire Dr Apt 105	<input type="checkbox"/> Add
		Apt 105	<input type="checkbox"/> Remove
		Pompano Beach, FL 33069	<input checked="" type="checkbox"/> Change
MGR	Alma R. De La Rosa Magana	2950 N Palm Aire Dr	<input type="checkbox"/> Add
		Apt 105	<input type="checkbox"/> Remove
		Pompano Beach, FL 33069	<input checked="" type="checkbox"/> Change
MGA	Joseph D. Benitez-Benitez	3555 Harlowe Ave	<input checked="" type="checkbox"/> Add
		Boynton Beach, FL 33436	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: July 05, 2023 (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 September 25

2023

Signature of a member or authorized representative of a member

POLO D. OSORIO

Typed or printed name of signee

Filing Fee: \$25.00