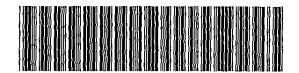
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TO: Registration Division of C	Section Corporations						
SUBJECT: LEUGE	ERS CLINICAL RESEARCH. L.						
	(Name of Li	mited Liability Company	у)				
	s of Amendment and fee(s) are sub	-					
	William H. Morrison, Esquire						
	()	Name of Person)					
BAI	_DWIN & MORRISON, P.A.						
	(I	Firm/Company)			TA'S	0	
7100 S	outh Highway 17-92			.	ECRE	S JUN	
	`	(Address)	·		ARY	JUN -6 PM 4:00	
F	Fern Park, Florida 32730				m _Q	PH	
-	(City/	State and Zip Code)			STAT LORI	r: 0	Sec.
For further information concerning this matter, please call:			<u>.</u>	A	0		
William H. I	Morrison, Esquire	at (_407	834-1424				
	(Name of Person)	(Area Co	de & Daytime T	elephone	Number)		
Enclosed is a check for	the following amount:						
\$25.00 Fi <u>ling</u> Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert		Certifica Certified	60.00 Filing Fee, ificate of Status & ified Copy litional copy is enclosed)		

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEUGERS CLINICAL RESEARCH, L.L.C.

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