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COVER LETTER

TO:

	egistration Se ivision of Cor			
cub ir ca		Clinical Trials,LLC		
SUBJECT	:	Name of Limi	ted Liability Company	
The enclos	ed Articles of a	Amendment and fee(s) are sub	nitted for filing.	
Please retu	rn all correspon	ndence concerning this matter	to the following:	
		Yaquelin Rodriguez		
			Name of Person	
		Regenerate Clinical Trials,	LLC	
	Pirm/Company			
		7815 Coral Way Suite 103		
			Address	
		Miami Florida 33155		
		yrodriguez@rctresearch.cor	City/State and Zip Code	
		E-mail address: ()	o be used for future annual report notifica	tion)
For further	information ed	oncerning this matter, please ca	ill:	
Yaquelin	Rodriguez		786 554-2254	
	Name of	Person ,		elephone Number
Enclosed i	s a check for th	e 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 tadditional copy is enclosed)
R D P	Mailing Address Registration Solivision of C P.O. Box 632 Pallahassee, I	Section orporations 7	Street Address: Registration Section Division of Corpoon The Centre of Tall 2415 N. Monroe Stallahassee, FL 32	rations ahassee treet, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	itad Liability Comp	none as it now appears on a	ir racords)		
(Hame of the Line	(A Florida Limited	pany as it now appears on or Liability Company)	<u> </u>		
The Articles of Organization for this Limited L	y were filed on 11/08/20	11	and as	signed	
lorida document number L11000127611	·				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited lia	bility company here:			
N/A					
he new name must be distinguishable and contain the	words "Limited Liah	pility Company," the designat	ion "LLC" or the a	bbreviation "I	.L.C."
nter new principal offices address, if appli	cable				
Principal office address MUST BE A STREA				-	
rincipal office dadress most be A STRE	<u>LI ADDRESS)</u>				
				2019	
inter new mailing address, if applicable:		: : r	2019 N O ਆਨੇ : .	r	
Mailing address MAY BE A POST OFFICE BOX)				2	,
Turning address Military Berning and Control	, , , , , , , , , , , , , , , , , , , ,	•	į	. 	,
				723	• •
B. If amending the registered agent and/or	registered office	address on our record	s, enter the nan	ှ ne of the ne	w registe
gent and/or the new registered office addre				· · · ·	
Name of New Registered Agent:	N/A				
New Registered Office Address:	N/A				
non regimered Office riddless.		Enter Florida str	eet address		
			Florida		
		City		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>	Address	Type of Action
MGRM	Josefina Lozano,MD	7815 Coral Way Suite 103 Miami Fl 33155	🗆 Add
			Remove
			Change
MBR	Maria E Lopez	7815 Coral Way Suite 103 Miami Fl 33155	≅Add
			□Remove
			Change
			🗆 Add
			□Remove
			🗆 Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□ Change

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N/A			· · · · · · · · · · · · · · · · · · ·	
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Effective date, if other than the d	ate of filing:		(optional)	46.54.55
fan effective date is listed, the date must l Note: If the date inserted in this bloo				
document's effective date on the Dep	eartment of State's records.			
ie record specifies a delayed The 90th day after the reco		t an effective time,	at 12:01 a.m. on the e	arlier of
November 21st Dated	2019			
/ /	<u></u>			
4	<i></i>			
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s	ignature of a member or author	orized representative of a m	ember	_