L14000092297

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ac | ldress) | . , |
| (Ac | ddress) | |
| (Ci | ty/State/Zip/Phone | #) |
| PICK-UP | MAIT | MAIL |
| (Bi | usiness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| e i | DR. DE ARM | MAS RESEARCH CENTER, | LLC | |
|-----|----------------------------|-------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| SL | BJECI: | Name of Lim | ited Liability Company | |
| Th | ne enclosed Articles of A | mendment and fee(s) are sub | mitted for filing. | |
| Plo | ease return all correspon | dence concerning this matter | to the following: | |
| | | LUIS DE ARMAS, MD | | |
| | | | Name of Person | · · · · · · · · · · · · · · · · · · · |
| | | DR. DE ARMAS RESEA | RCH CENTER, LLC | |
| | | ······································ | Firm/Company | |
| | | 11373 WEST FLAGLER | STREET, SUITE 212 | |
| | | | Address | |
| | | MIAMI, FLORIDA 33174 | l . | |
| | | V 9. | City/State and Zip Code | |
| | | rgonzalez@drdearmasresea | | |
| | | E-mail address: (| to be used for future annual report notifi | cation) |
| Fo | r further information co | ncerning this matter, please ca | all: | |
| R | EBECA GONZALEZ | | 305 503-2903 | |
| | Name of | Person | at () Area Code Daytime | Telephone Number |
| En | iclosed 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) |

TO:

Registration Section Division of Corporations

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Lightlity Compan | v ac it now annears an our r | ecords) |
|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------|
| (<u>Name of the Limited Liability Compan</u> (A Florida Limited Li | ability Company) | scorus.) |
| The Articles of Organization for this Limited Liability Company v. Florida document number L14000092297 | were filed on 06/09/2014 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabil | lity company here: | |
| The new name must be distinguishable and contain the words "Limited Liability | ty 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 off registered agent and/or the new registered office address here | ice address on our rec : | ords, <u>enter the name of the ne</u> |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street a | ddress |
| | | , Florida |
| | City | , FloridaZip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p | e to act in this capacity. performance of my dutie | I further agree to comply with th s, and I am familiar with and |

If Changing Registered Agent, Signature of New Registered Agent

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> | Address | Type of Action |
|--------------|-------------|----------------------------|----------------|
| MGR | NORA COSTA | 10015 NW 46 Street Apt 201 | Add |
| | | Doral, FL 33178 | □ Remove |
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| | | | ☐ Remove |
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| Effective date, if other than the date of an effective date is listed, the date must be spective. If the date inserted in this block doe document's effective date on the Department. | filing: ific and cannot be prior to date of filing or more than s not meet the applicable statutory filing requint of State's records. | (optional) 190 days after filing.) Pursuant to 605.02 rements, this date will not be listed |
| e record specifies a delayed effec The 90th day after the record is | tive date, but not an effective time, a filed. | at 12:01 a.m. on the earlier |
| JULY 16 | 2015 | |
| Lui | de Cama for | |
| Signatu | re of a member or authorized representative of a me | ember - 5 Pa |
| LUIS DE ARMAS, MD | | |
| | Typed or printed name of signee | 5522 2 |
| | Page 3 of 3 | |
| | | |