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	Registration Se Division of Cor			*		
		ical Research Consultants LLC				
SUBJEC	Name of Limited Liability Company					
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please ret	urn all correspo	ndence concerning this matter	to the following:			
		Jennifer Yevoli, Esq.				
			Name of Person	<del></del>		
c/o PBYA Law Firm/Company						
					200 S. Andrews Avenue, Suite 600	
		Address				
Fort Lauderdale, FL 33301						
			City/State and Zip Code			
		jyevoli@elixiacrc.com	to be used for future annual report noti:	fication)		
For furthe	r information co	oncerning this matter, please co		incurrent,		
Jennifer Y	'evoli, Esq.		954 873-9588			
	Name of	f Person	at () Area Code Daytime	e Telephone Number		
Enclosed	is a check for th	ne following amount:				
■ \$25.0	0 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)		

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

v as it now appears on our records.) ability Company)	
vere filed on December 11, 2014	and assigned
ity company here:	
y Company," the designation "LLC" or th	e abbreviation "L.L.C."
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ldress on our records, <u>enter the r</u>	ame of the new registered
	TO E O
	5 T
Enter Florida street address	
<b>271</b> . 4	
, Florida , Florida	Zip Code
	, Florida

## 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.

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In amending Authorized rerson(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
			□Add
			🗖 Remove
			□Change
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(If an effective date is li Note: If the date in	other than the date of filing:
f the record specifies a record is filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated June 7	2023
Na	2023  L Patel, Ple.D.  Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
Neal Pat	el. Ph.D., Authorized Member
•	Typed or printed name of signee

Filing Fee: \$25.00