

L14 UCC 189 064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

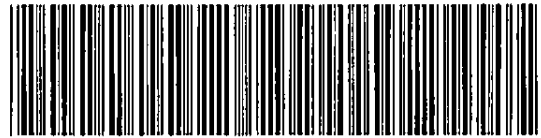
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400407371124

FILED - 2023 APR 25 AM 8:07

FILED

2023 APR 25 AM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. RIVERS

JUN 12 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WELLNESS CLINICAL RESEARCH LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing

Please return all correspondence concerning this matter to the following:

Name of Person
WELLNESS CLINICAL RESEARCH LLC
Firm/Company
8181 NW 154 STREET SUITE 290
Address
MIAMI LAKES, FLORIDA 33016
City/State and Zip Code
ENMANUEL@WELLNESSCLINICALRESEARCH.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ENMANUEL CORVO 786 506-0427
_____ at (_____) _____
Name of Person Area Code Daytime Telephone Number

Enclosed 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)

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

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

WELLNESS 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 12/05/2014 and assigned
Florida document number L14000189064.

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:

(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 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

_____, **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>	<u>Address</u>	<u>Type of Action</u>
AMBR	ZORAYEI GONZALEZ	8181 NW 154 ST STE 290	<input type="checkbox"/> Add
		MIAMI LAKES, FLORIDA 33016	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BARBARA CORVO	8181 NW 154 ST STE 290	<input type="checkbox"/> Add
		MIAMI LAKES, FLORIDA 33016	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MBR	ENMANUEL CORVO	8181 NW 54 ST STE 290	<input type="checkbox"/> Add
		MIAMI LAKES, FLORIDA 33016	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	ZORAYEI GONZALEZ	8181 NW 54 ST STE 290	<input checked="" type="checkbox"/> Add
		MIAMI LAKES, FLORIDA 33016	<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.)*

BARBARA CORVO, CEO

ENMANUEL CORVO FEO

E. Effective date, if other than the date of filing: 03/01/2023 **(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 ~~March 11~~ April 22, 2023

Barbara Corvo

Signature of a member or authorized representative of a member

BARBARA CORVO

Typed or printed name of signee