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## **COVER LETTER**

TO:

	Registration Sec Division of Corp			
eup inc		Y CLINICAL RESEARCH , I	.l.C	
SUBJEC	<u></u>	Name of Limi	ted Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are subt	mitted for filing	
		ndence concerning this matter		
		EDWARD A. MALDONA	DO, ESQ	
		MALDONADO LAW GRO	Name of Person	
		2850 DOUGLAS ROAD, S	Firm/Company SUITE 303	
		CORAL GABLES, FL 331	Address 34	
			City/State and Zip Code	<u>.                                    </u>
			o be used for future annual rep	ort notification)
		oncerning this matter, please ca		
EDWAR	D A. MALDON			-7580 EXT 214 Daytime Telephone Number
	Name o	reison	Area Code	Daytime Telephone (value)
Enclosed	is a check for th	ne following amount:		
□ \$25.0	00 Filing Fec	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclos	Certificate of Status & Certificate Copy (additional copy is enclosed)
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	Registration Division of Clifton Bui	Corporations

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

his amendment is submitted to amend the following:  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 "LLC" inter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the namecof the egistered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	INTEGRITY CLINICAL RESEARCH, LLC			
lorida document number L1400019475  his amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:  he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" or the abbreviation "LLC" inter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the namecof the egistered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Zip Code  Zip Code	(Name of the Limited Liability Compa- (A Florida Limited I	ny as it now appears iability Company)	on our records.)	
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 "LLC."  Inter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the namecof the expistered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Lip Code  Zip Code		were filed on	12/23/2014	and assigned
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Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  City  Zip Code	:.			<u> </u>
New Registered Office Address:  Enter Florida street address	B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on e:	our records, <u>enter</u>	the namecof the
Enter Florida street address	Name of New Registered Agent:			
City , Florida	New Registered Office Address:	Futor Clari	do street address	
City Zip Code		au sirect duer ess		
•	·	Cin	, Florida	- Zin Cada
		•		Lip Code
lew Registered Agent's Signature, it changing Registered Agent: hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply wit	New Registered Agent's Signature, if changing Registered Agent:			

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Type of Action
MGR	BLUE PANDA CONSULTING CORP.	15972 SW 15TH STREET PEMBROKE PINES, FL 33027	<b>⊒</b> Add
		···	☐ Remove
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Note: If the	ate, if other than the date of fidate is listed, the date must be specific date inserted in this block does neffective date on the Department	ot meet the applicable star	(optional) f filing or more than 90 days after filing.) Poutory filing requirements, this date wi	ursuant to 605.0207 ( Il not be listed as (
	specifies a delayed effective a day after the record is file		fective time, at 12:01 a.m. on	the earlier of
ated	JULY 22,	2019		
_		1 / " ~	presentative of a member	
	Signature o	or a member or authorized re		
	•	\ \ \\	lizaya of signee	

Page 3 of 3

Filing Fee: \$25.00