16 000 205 143

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(2.5)
PICK-UP WAIT MAIL
(Business Entity Name)
(220,000 2,000)
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LAHASSEE, FL. THE STATE
LAH

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

MIAMI RESEA	RCH MANAGEMENT,	шс	8 27	
(Name of the Limited Liability	Company as it now annea	LLC	<u> </u>	111
(<u>Name of the Limited Liability</u> (A Florida L	imited Liability Company)	us on our records.)	70	
The Articles of Organization for this Limited Liability Con Florida document number L16000205143	mpany were filed on	11/8/16	and asses	ned
Tronda document number				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	d liability company he	ere:		
The new name must be distinguishable and contain the words with its	11:100			
The new name must be distinguishable and contain the words "Limited	d Liability Company," the d	esignation "LLC" or t	he abbreviation "L.L.C	· · ·
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES	SS)			
				
Enter new mailing address, if applicable:				
		/		
(Mailing address MAY BE A POST OFFICE BOX)				
	<u> </u>	_		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	ed office address on s here:	our records, ent	ter the name of	the new
Name of New Registered Agent:			_	
New Registered Office Address:	_	/		
	Enter Florid	la street address		
		E1*.1		
	City	, Florida	Zin 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

Zip Code

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>	Name	Address	Type of Action
AMBR	KEILA HOOVER MD		
			■ Remove
			Change
AMBR	CARLOS CARUS JR		
			■ Remove
			Change
AMBR	Miami Clinical Research Corp	7371 SW 24th Street	Add
		Miami, FL 33155	Remove
			Сhange
AMBR	Be Business Smart, Inc.	7324 SW 132nd Ct.	■ Add
		Miami, FL 33183	□ Remove
			Change
			□ Add
		<u> </u>	□ Remove
			□ Change
			Add
			Remove
			Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff	ive date, if other than the date of filing:
the red) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	
	X Signature of a member or authorized representative of a member
	KEILA HOOVER

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Filing Fee: \$25.00