

COVER	LETTER
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## TO: Registration Section Division of Corporations

MIAMI RESEARCH MANAGEMENT, 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:

Keila Hoover

Name of Person

MIAMI RESEARCH MANAGEMENT, LLC

Firm/Company

2400 SW 69 Ave.

Address

Miami, FL 33155

City/State and Zip Code

khoovermd@aol.com

E-mail address: (to be used for inture annual report notification)

For further information concerning this matter, please call:

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)

S60.00 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

ŬI.	
MJAMI RESEARCH MANAGEMENT, LLC	
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	w <u>appears on our records.</u> ) mapany)
In Articles of Organization ( ) which is the training of	110012017
he Articles of Organization for this Limited Liability Company were file	d on and assigned
londa document number L16000205143	
his amendment is submitted to amend the following:	
If amending name enter the new name of the limited licklife	
. If amending name, <u>enter the new name of the limited liability com</u>	<u>pany here</u> :
TO DEVY TRADE must be distinguishable and contain the west of the test of	
te new name must be distinguishable and contain the words "Limited Liability Company	iy," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
rincipal office address MUST BE A STREET ADDRESS	
	- -
ter new mailing address, if applicable:	<u></u>
ailing address MAY BE A POST OFFICE BOX)	
If non-adding the second day of the second day o	2: 0
If amending the registered agent and/or registered office address on ent and/or the new registered office address here:	our records, enter the name of the pew registe
and the new registered onice address here:	
Name of New Registered Agent:	
New Registered Office Address:	
En	ter Florida street address
	Florida
City	Zip Code
v 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

Title	Name	Address	<b>Type of Action</b>
AMBR	BE BUSINESS SMART, INC.	105 NW 121 CT. MIAMI, 17, 33182	□ Add
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		·	🗆 Add
			□Change
			⊡ Add
			QRemove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if (if an effective date is <u>Note:</u> If the date is document's effective	other than the d listed, the date must l inserted in this bloc ive date on the Dep	late of filing: be specific and c ik does not me partment of Sta	annot be prior to tet the applical tte's records.	date of filing de statutory	or more than filing requi	(option 90 days after rements, this	onal) filing.) Pursus s date will no	to $605.0207$ (3) h t be listed as the
ff the record specifies a record is filed	i delayed effective o	date, but not a	n effective tim	c. at 12:01 a	i.m. on the e	arlicr of: (b)	) The 90th	day after the
Dated November	19		2024					
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** *				providu		1041		
Keila Fl	oover. Miami Clini							
	_	Ty	/ped or printed	name of signe	ce			