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S. WARREN AUG 1 7 2017

COVER LETTER

O: Registration Se Division of Cor			
· · · · ·	Prolve	Clinical Research	LLC
OBJECT:		nited Liability Company	
he enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
lease return all correspo	ondence concerning this matter	to the following:	
	R	osa Liu	
		Name of Person	
	R	evel Research Firm/Company	
		Firm/Company	
	12959 Palms	west Dric #120	
		Address	
	Loxabakha	a FL 33470	
	rleghliu	City/State and Zip Code a gmail com to be used for future annual report not	
or further information c	E-mail address: (oncerning this matter, please c		tification)
Ros		at (5%) 358-	7612
Name o	f Person	Area Code Daytin	ne Telephone Number
nclosed is a check for th	ne 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Evolve Clinic	cal Research, LLC
(<u>Name of the Limited Liability Compar</u> (A Florida Limited I.	ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L11000 II 6145</u> .	were filed on 5/26/2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
· · · · · · · · · · · · · · · · · · ·	Research, LLC
The new name must be distinguishable and contain the words "Limited Liabile	ity 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)	Portst Lucic FI 34986
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	12959 Palms wast Drive St 120 Loxavatchec FL 33470
B. If amending the registered agent and/or registered of 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 City

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 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>	Type of Action
	 		
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Page 3 of 3

Filing Fee: \$25.00