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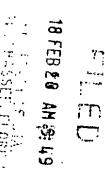
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COVER LETTER

	gistration Sec vision of Corp			
oub uccer.		ORAL COMMUNITY OUTR	EACH LLC	
SUBJECT:		Name of Limi	ited Liability Company	
The enclose	d Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		LAZARO R SAAVEDRA		
			Name of Person	
			Firm/Company	
		8180 NW 36 ST SUITE 30	00	
			Address	
		DORAL, FL, 33166		
		drlazaro618@yahoo.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For further	information c	oncerning this matter, please ca	all:	
LAZARÓ I	R SAAVEDR	A	305 600-6957	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e 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)
	MAIL	ING ADDRESS:	STREET/COURH	ER ADDRESS:

Registration Section Division of Corporations

TO:

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

ALOMA DORAL COMMUNITY OUTREACH 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 $\frac{AUGUST\ 18,2017}{AUGUST\ 18,2017}$ and assigned Florida document number L17000177210 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ATA MEDICAL CLINIC RESEARCH LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 8180 NW 36 ST SUITE 300 Enter new principal offices address, if applicable: DORAL, FL, 33166 (Principal office address MUST BE A STREET ADDRESS) 8180 NW 36 ST SUITE 300 Enter new mailing address, if applicable: DORAL, FL, 33166 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the namesof the new registered agent and/or the new registered office address here: same Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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>	Address	Type of Action			
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Signature of a member o		resentativ	e of a member			
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Filing Fee: \$25.00