L18000 242370

| (Requestor's Name) |
|---|
| (Address) |
| (Äddress) |
| (City/State/Zip/Phone #) |
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| (Business Entity Name) |
| (Document Number) |
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| TO: | | istration Se sion of Cor | | , | | | |
|---|--------|---|---|---|---|--|--|
| ernir | CT. | SOUTH FI | ORIDA RESEARCH ORGA | NIZATION LLC | • | | |
| SUBJECT:Name of Limited Liability Company | | | | | | | |
| The enc | losed | Articles of | Amendment and fee(s) are sub | omitted for filing. | | | |
| Please r | eturn | all correspo | indence concerning this matter | to the following: | | | |
| | | | NAIVIL LOPEZ | | | | |
| | | | | Name of Person | | | |
| | | SOUTH FLORIDA RESEARCH ORGANIZATION LLC | | | | | |
| | | | | | | | |
| | | | 7911 NW 72 AVE STE 114 MEDLEY FL 33166 | | | | |
| | | Address | | | | | |
| | | MEDLEY FL 33166 | | | | | |
| | | | City/State and Zip Code | | | | |
| | | | NLOPEZ@SFROTRIALS.COM E-mail address: (to be used for future annual report notification) | | | | |
| For furth | her in | formation co | oncerning this matter, please c | • | icanim) | | |
| NAIVII | L LOI | PEZ | | 305 801-3043 | | | |
| | | Name of | Person | Area Code Daytime | Telephone Number | | |
| Enclosed | d is a | check for th | e following amount: | | | | |
| □ \$ 25 | .00 Fi | ling Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy radditional 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 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 A .-**OF** 21 JUN -7 AM 9: 06

SOUTH FLORIDA RESEARCH RESEARCH ORGANIZATION LLC

(Name of the Limited Liability Company as it now appears on our records.)

| · · | (A Florida Limite | d Liability Company) | on var records, | |
|---|--|---------------------------|-------------------------------|----------------------|
| The Articles of Organization for this Limited Florida document number L18000242370 | Liability Compai | ny were filed on 10/1: | 5/20018 | _ and assigned |
| Florida document number | · | | | |
| This amendment is submitted to amend the fo | llowing: | | | |
| A. If amending name, enter the new name | of the limited lia | ability company here | 2: | |
| The new name must be distinguishable and contain the | words "Limited Lia | bility Company," the desi | gnation "LLC" or the abbre | viation "L.L.C." |
| Enter new principal offices address, if appl | icable: | N/A | | |
| (Principal office address MUST BE A STRE | | | | |
| | | | | |
| | | | | |
| Enter new mailing address, if applicable: | | N/A | | <u> </u> |
| (Mailing address MAY BE A POST OFFICE | E BOX) | | | |
| | | | | |
| B. If amending the registered agent and/or agent and/or the new registered office address. Name of New Registered Agent: | registered office ess here: NAIVIL LOP | | ords, <u>enter the name o</u> | f the new registered |
| - | 7011 1111/72 | | | - |
| New Registered Office Address: 7911 NW | | AVE STE 114 | street address | |
| | MENTEN | | | |
| | MEDLEY | City | Florida 33166 | |
| New Registered Agent's Signature, if changing | Decision 1. | | | Zip Code |
| hereby accept the appointment as register | | _ | | |
| me end appear me additioning in the suffice | ca agem ana ay | rec to act m mis car | MCHV I Inclier maree | to comply with the |

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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

21 JUN -7 AM 9: 06

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--------------------|-------------------------------------|----------------|
| CEO | ALEXANDER MARTINEZ | 4011 SW 59TH TER WEST PARK FL 33023 | 🗆 Add |
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| If an effe <u>Note:</u> I | objective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nt's effective date on the Department of State's records. |
| e record d is file | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d. |
| Dated _ | Junis oy zozi |
| | |
| | Signature of a member or authorized representative of a member |

Filing Fee: \$25.00