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COVER LETTER

Division	on or Corp	porations			
P. SUBJECT:	hysica CR	, LLC			
obsider	-	Name of Limited Liability Company			
The enclosed A	rticles of a	Amendment and fee(s) are sub	mitted for filing.		
Please return al	l correspoi	ndence concerning this matter	to the following:		
		Kosta P. Velis			
		QHC Clinical Research, LL	Name of Person C		
		8701 US Highway 1	Firm/Company		
		Sebastian, FL 32958	Address		
		Kosta.Velis@Qhcwellness.c	City/State and Zip Code		
			to be used for future annual report	notification)	
For further info	rmation co	encerning this matter, please co	all:		
Deepti Sadhwani, MD		772 228-848 at ()			
	Name of	Person	Area Code Da	sytime Telephone Number	
Enclosed is a ch	neck for the	e following amount:			
□ \$25.00 Filir	ng 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:

TO:

Registration Section

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

(Name of the Limited Liability Company a	es it now appears on our records)	
(A Florida Limited Liab	ility Company)	
The Articles of Organization for this Limited Liability Company we Florida document numberL19000072487	re filed on 03/14/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	y company here:	
The new name must be distinguishable and contain the words "Limited Liability (Company," the designation "LLC" or the al	breviation "L.L.C."
Enter new principal offices address, if applicable:	,	
(Principal office address MUST BE A STREET ADDRESS)		25
		1 1 2 2 1 1 1 2 1 1 1 2 1 1 1 1 1 1 1 1
Enter new mailing address, if applicable:		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: Name of New Registered Agent:	e address on our records, enter	the name of the new
New Registered Office Address:	Enter Florida street address	
	Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as prov	formance of my duties, and I am f	amiliar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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
MGR	Deepti Sadhwani	1840 Bayview Court Vero Beach, FL 32963	₽ Add
			Remove
			□ Change
MGR	Harish Sadhwani	1840 Bayview Court Vero Beach, FL 32963	
			Remove
MGR	Quality Health Care Inc. of Florida		Change
			■ Remove
			☐ Change
			25 25 E
			Remove.
			Add
			□ Remove
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If an effect Note: If	e date, if other than the date of filing ive date is listed, the date must be specific and the date inserted in this block does not ret's effective date on the Department of States.	d cannot be prior to date of meet the applicable sta	of filing or more than 90 days			
ne reco The 9	rd specifies a delayed effective of the other of the court is filed.	date, but not an e	ffective time, at 12:0)1 a.m. on t	he ear	lier of
Dated	7-22	. 2019				
	Signature of a	member or sutherrand an	presentative of a member			
	Signature of a	member of authorized re	ргезениануе от а піс тос т			
	Kosta P. Velis					

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Filing Fee: \$25.00