## L20000 154536

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## **COVER LETTER**

TO: Registration Section
Division of Corporations

Tallahassee, FL 32314

SUBJECT:	DYNAMIC MEE	DICAL RESEARCH, LLC			
SUBJECT:	Name of Lim	ited Liability Company	<del>-</del>		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
	ndence concerning this matter	-			
		YANET CATA			
Name of Person					
	DYNAM	MIC MEDICAL RESEARCH, I	LLC		
		Firm/Company			
		10720 SW 151st Street			
		Address			
		Miami, FL 33176			
		City/State and Zip Code			
	vanycruzova@gmail.com				
	E-mail address; (	to be used for future annual report	notification)		
For further information c	oncerning this matter, please co	all:			
YANE	T CATA	786 355-843	8		
Name o	f Person		ytime Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address		Street Address			
Registration S Division of C		Registration Division of (	Section Corporations		
P.O. Box 632			of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DYNAMIC MEDICAL RESEARCH, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) June 05, 2020 The Articles of Organization for this Limited Liability Company were filed on \_ L20000154536 Florida document number \_\_\_\_\_ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: 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.

Cirv

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
OD	YANET CATA	10720 SW 151st Street, Miami, FL 33176	□Add
			□Remove
			Change
OD YAIRON L. ESTRADA	10720 SW 151st Street, Miami, FL 33176	■Add	
			□Remove
			[] Change
			□Add
			□Remove
		···	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			FICThursus

Owner I	Director (OD) :	_
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f an effective da <u>Note:</u> If the c	te, if other than the date of filing:	05.0207 sted as
record speci d is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aft	er the
Dated	JUNE 25 2020	
	Signature of a member or authorized representative of a member	
	, ,	

Filing Fee: \$25.00