3/10/2021 Division of Corporations

L21000261805

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000097967 3)))

H21000097967 3ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

2021 MAR 10 PM 3:50

2021 MAR 10 PM 12:19

LLC

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NOVUS CLINICAL TRIALS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$25.00

MAR 11 2021

M. SOLOMON

Electronic Filing Menu Corporate Filing Menu Help

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

NOVUS CLINICAL TRIALS, 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 08/24/2020 and assigned Florida document number L20000261805.

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 "L.L.C."

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)

2021 MAR 10 PM 12:19

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: NELIDA MARIA GONZALEZ CRUZ

New Registered Office Address: 6625 MIAMI LAKES DRIVE # 214
Enter Florida street address

MIAMI LAKES, Florida 33014
City *Zip Code*

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

Title	Name	Address	Type of Action
AMBR	Nelida Maria Gonzalez Cruz	6625 MIAMI LAKES DRIVE # 214	■ Add
		MIAMI LAKES , FL 33014	☐ Remove
			☐ Change
P	ANTHONY A. VEGA	6625 MIAMI LAKES DRIVE # 21	☐ Add
		MIAMI LAKES , FL 33014	■ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

2021 MAR 10 PM 12:19

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2021 MAR 10 P 12:19

FILED

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated _____. _____.

_____

Signature of a member or authorized representative of a member

Nelida Maria Gonzalez Cruz

_____

Typed or printed name of signer

Filing Fee: $25.00