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(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
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Lett.

COVER LETTER

CUDICT.	Dracle Clinica	Research LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	·
Please return all correspo	ondence concerning this matter	to the following:	
		idia Poirot	
The enclosed Articles of Amendment and feets) are submitted for filing. Please return all correspondence concerning this matter to the following: Concern Concer			
	307 1	V 46th Avenue	·
	tolly		_\
		City/state and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
		at (<u>954</u>) <u>909</u> 7 Area Code Daytim	232 e Telephone Number
Enclosed is a check for the	he following amount:		
☑ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Registration S Division of C	Section Corporations	Registration Se Division of Cor	porations
P.O. Box 632	.7	i ne Centre of I	ananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability	Company as it now appears on our records.)
(A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L2000263(9)</u>	ompany were filed on <u>00 - 25 - 2020</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limi	ted Lightlity Company "the designation "LLC" or the abbreviation LLC"
Enter new principal offices address, if applicable:	act manny company. the designation 1770 of the development of
(Principal office address MUST BE A STREET ADDR	ESS)
Enter new mailing address, if applicable:	PO BOX 814807 8
(Mailing address MAY BE A POST OFFICE BOX)	Hollywood FL 33081-4807
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	Lidia Poirot
New Registered Office Address:	307 N 40 th AVENUE Enter Florida street address
· · · · · · · · · · · · · · · · · · ·	Holly Wood Florida 3302) City Zip Code
	Cuy 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

<u>Title</u>	Name	Address	Type of Action
MGR	Linda m martinez	70 BOX 814807	☐ Add
		Hollywood FL 33081	Remove
			🗀 Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□ Change

	tion, enter change(s) here: (Attach additional sheets, if neces	
 		
 		
		
ffective date, if other than the an effective date is listed, the date mustote: If the date inserted in this blocument's effective date on the December 2.	date of filing: 10-9.6-2020 (option to be specific and cannot be prior to date of filing or more than 90 days after fock does not meet the applicable statutory filing requirements, this epartment of State's records.	nal) iling.) Pursuant to 605.0207 date will not be listed as
record specifies a delayed effectiv is filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
ated 10 - 20	didinant	
	(NIMANONO 1	
	Signature of a member or authorized representative of a member	
	Lidia Point Typed or printed name of signee	