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.

(((H22000177234 3)))



H220001772343ABC

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 : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CLINIC AND RESEARCH CENTER LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$25.00 |

| Articles of Amendment to LLC Articles of Organization of |
|--|
| The Articles of Organization of |
| The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number |
| This amendment is submitted to amond the |
| ADD: ISAIRY Julia NGR |
| 4790 NW 7776 AUD 7102 |
| 11/10/2 1/10/2 |
| - Miani 9; 33126 |
| |
| |
| |
| |
| |
| |
| |
| These articles of amond- |
| These articles of amendment were adopted on 5118172 |
| Dated |
| The First State of the State of |
| Signature of a member or authorized representative of a member |
| Typed or printed name of signee |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. |
| Signature of New Registered Agent, if changing |