

Oct 25 2021 16:06 HP Fax  
10/25/21, 2:30 PM

L21000109604

page  
Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MCI CLINICAL RESEARCH CENTER, LLC

Certificate of Status	0
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2021 OCT 25 PM 3:43

ALL AMENDED, FLORIDA

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Electronic Filing Menu

Corporate Filing Menu

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UH

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MCI CLINICAL RESEARCH CENTER, 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 03/16/2021 and assigned Florida document number L21000109604.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MCI CLINICAL RESEARCH AND WELLNESS CENTER LLC

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)

11410 N.KENDALL DRIVE

SUITE 203

MIAMI, FL 33176

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11410 N.KENDALL DRIVE

SUITE 203

MIAMI, FL 33176

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

Florida

City

Zip

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

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CLERK OF THE CIRCUIT COURT  
IN AND FOR THE COUNTY OF  
DADE, FLORIDA

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>	<u>Type of Action</u>
AMBR	Gilberto Concepcion Morales	11410 N.KENDALL DRIVE	<input type="checkbox"/> Add
		SUITE 203	<input type="checkbox"/> Remove
		MIAMI, FL 33176	<input checked="" type="checkbox"/> Change
AMBR	Cristian G Macagni	11410 N.KENDALL DRIVE	<input type="checkbox"/> Add
		SUITE 203	<input type="checkbox"/> Remove
		MIAMI, FL 33176	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

*(This area contains horizontal lines for amending information.)*

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 record is filed.

Dated Oct 20 2021

Cristian G Macagni

*(Signature)*  
Signature of a member or authorized representative of a member

\_\_\_\_\_  
Typed or printed name of signer

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DEPT. OF STATE  
TALLAHASSEE, FLORIDA