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	P	ICK UP: 7/13 DANNY
	CERTIFIED COPY	
XX	РНОТОСОРУ	
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XX	FILING	LLC AMEND
<u>.</u>	MCI CLINICAL RES	SEARCH AND WELLNESS CENTER, LLO
	CORPORATE NAME AND DO	DCUMENT #)
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

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ARTICLES	OF ORGANIZATION	
	OF	
MCI CLINICAL RESEARCH AND WELLNE	ESS CENTER, LLC	cords.)
	Company as it now appears on our re- imited Liability Company)	cords.)
(A Florida L	imited Liability Company)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on 03/16/2021	and assigned
lorida document number L21000109604		
	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
MCI CLINICAL RESEARCH CENTER, LLC		
he new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
-	. , , ,	
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u>SS)</u>	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
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		-
If amending the registered agent and/or registered ogent and/or the new registered office address here:	ffice address on our records, <u>en</u>	ter the name of the new register
gent and/of the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ade	dress
		Florida
	City	Zip Code
ew Registered Agent's Signature, if changing Registered A	vgent:	
hereby accept the appointment as registered agent and		further agree to comply with
The state of the s		7

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>	<u>Name</u>	Address	Type of Action
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