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COVER LETTER

Registration Section

TO:

Division of Cor	porations								
ALLIANCI	ECLINICAL RESEARCH GR	OUP LLC							
SUBJECT:	ECLINICAL RESEARCH GR	ited Liability Company							
The analogue Agiclus of	Amendment and fec(s) are sub	mitted for filing							
		•							
Please return all correspo	ndence concerning this matter	to the following:							
	ROBERTO GARCIA								
		Name of Person							
		Firm/Company							
	1434 W 2ND AVE								
		Address							
	HIALEAH, FL 33010								
		City/State and Zip Code							
	YGARCIA@ALLIANCE-0	CR.COM to be used for future annual report no							
			uncation)						
For further information c	oneerning this matter, please c	all:							
ROBERTO GARCIA		at () 506-5506 Area Code Daytir							
Name o	f Person	Area Code Daytir	ne Telephone Number						
Enclosed is a check for th	ne following amount:								
□ \$25.00 Filing Fee	≅ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)						
Mailing Addres Registration 5		Street Address: Registration Se	ection						
Division of C	orporations	Division of Corporations							
P.O. Box 632		The Centre of							
Tallahassee, l	7 L 343 14	Z415 IN. Monro	be Street, Suite 810						

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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ALLIANCE CLINICAL RESEARCH GROUP, 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 1	Liability Company were file	d on <u>03/10/2021</u>	and assigned
Florida document number L21000115312	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability com	pany here:	
The new name must be distinguishable and contain the	words "Limited Liability Compar	ny," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if appli	cable:		<u> </u>
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or agent and/or the new registered office address.	registered office address o	n our records, enter the nam	e of the new registered
Name of New Registered Agent:	ROBERTO GARCIA		
New Registered Office Address:	1434 W 2ND AVE		
		Inter Florida street address	
	HIALEAH	, Florida <u>330</u>)10
	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 = M	from our records: anager uthorized Member	21 JUL -6 PH 3: 48			
Title	<u>Name</u>	Address 21 JUL -b 111 3	Type of Action		
			□Add		
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			Signa	ture of a	member	or author	rized tepr	esentativo	e of a mo	mber				

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