L21000304062

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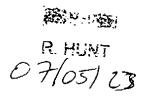




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COVER LETTER

TO: Registration Section

Division of Co	rporations	*	3.
GENX CII SUBJECT:	nical Research, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	Lillian Cowan		
		Name of Person	~~)
	GENX Clinical Research,	LLC	7073
		Firm/Company	
	8440 SW 83rd Street		12 -5 -5 -5 -5 -5 -5 -5 -5 -5 -5 -5 -5 -5
		Address	
	Miami, Florida 33143		PM 7: 15
		City/State and Zip Code	
	lil1022@aol.com		
	E-mail address: (to be used for future annual report notif	fication)
For further information of	concerning this matter, please c	all:	
Lillian Cowan		305 951-0221 at ()	
Name (of Person		e Telephone Number
Enclosed is a check for t	he 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 Addre Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee c Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	inical Research , I ed Liability Compa	ALC iny as it now appears on Liability Company)	our records.)	
				, ,
The Articles of Organization for this Limited Li		were filed on on one		and assigned
Florida document number L21000304062	·			
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liab	oility company here:		
GENEX Investment Group, LLC				
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the design	nation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applications	able:	N/A		
(Principal office address MUST BE A STREE	T ADDRESS)		•	6.23 6.23
			:	-
				ı ∪1 .
Enter new mailing address, if applicable:		N/A	20-4	-P
(Mailing address MAY BE A POST OFFICE	ROY)		 ლე	5 5
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B. If amending the registered agent and/or re	egistered office	address on our recor	ds. enter the name	of the new registere
agent and/or the new registered office addres			,	
	N// N			
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter Florida s	areet address	
			Florida	
		Ciŋ [,]		Zip Code
New Registered Agent's Signature, if changing F	Registered Agent:			
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of this company has been notified in writing of this content.	er and complete stered agent as registered office	performance of my provided for in Chap	duties, and I am fa pter 605, F.S. Or, ij	miliar with and this document is
	If Cha:	nging Registered Agent,	Signature of New Regis	tered 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
MGR	Antonio Delgado	10 Linden Heights, Brandon, VT 05733	= Add
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<u>e:</u> If the d	ate inserted in this block d	oes not me	eet the applic	able statutor,	y filing requiren	nents, this d	ate will r	not be li	sted a
ument's et	fective date on the Departi	nent of St	ate's records						
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cora specii i filed.	les a delayed effective date	e, but not a	in effective t	me, at 12:01	a.m. on the ear.	ner of: (b)	The 90th	n day at	ter in
ed	June 28th	,	2023	·	1.0				
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	Signs	ture of a m	ember ar auth	privad papere	ntative of a memb	un e			
	Sign	was or a m	ember or audi	arracu represei	marre on a memo	~ 1			

Filing Fee: \$25.00