121000307335

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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Gulyalana

COVER LETTER

TO:	Registration Se Division of Cor								
SUBJEC		Medical Research LLC							
SOBJEC		Name of Lim	ited Liability Company						
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.						
Please re	eturn all correspo	ndence concerning this matter	to the following:						
		Roberto R. Rodriguez							
			Name of Person						
		The Medici Medical Resea	rch LLC						
			Firm/Company	iffication) S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)					
		1800 SW 131st PL	mitted for filing. to the following: Name of Person reh LLC Firm*Company Address City/State and Zip Code ediciMedicalResearch.com to be used for future annual report notification) all: 305 322-7569 at (
			Address						
		Mianii, FL 33475							
		City/State and Zip Code							
		Roberto.Rodriguez@TheMo							
				(Hication)					
For furth	er information c	oncerning this matter, please co	all:						
Roberto	R. Rodriguez								
	Name o	f Person	Area Code Dayti	me Felephone Number					
Enclosed	d is a check for th	ne following amount:							
□ \$25	.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy					
	Mailing Addres Registration 5			ection					
	Division of C		-						
	P.O. Box 632		The Centre of						

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

The Medici Medical Research, LLC

2022 APR - I AM 7: 53

(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears (Liability Company)	<u>in our records)EGR</u> T/L	E HATT OF STATE LAHASSEE, FL
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L21000307335}{L21000307335}$			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here	:	
N/A	d the following: In name of the limited liability company here: In name of the limited liability company," the designation "LLC" or the abbreviation "LLC" If applicable: A STREET ADDRESS) Table: 3801 Hollywood Blvd Suite 200 Hollywood, FL 33021 Table: 4801 Hollywood Blvd Suite 200 Hollywood, FL 33021 Table: 3801 Hollywood, FL 33021 Table: 3801 Hollywood Blvd Suite 200 Hollywood, FL 33021		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the desi	gnation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3801 Hollywood I	3lvd Suite 200	
(Principal office address MUST BE A STREET ADDRESS)	Hollywood, FL 33	021	
Enter new mailing address, if applicable	3801 Hollywood F	Blvd Suite 200	
•••	Hollywood, FL 33	021	
Andring dadress MAT DE ATOST OFFICE BOAT	ew maining address, it applicable:		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our rec	ords, <u>enter the na</u>	me of the new registered
	Enter Floride	a street address	
		, Florida _	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of m provided for in Ch	y duties, and Lan apter 605, F.S. O	r familiar with and r, if this document is

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
AMBR COO	Mignel Angel Montalvo Villa	5405 Napoli Cove, Lake Mary	= Add
		FL 32746	⊑Remove
			⊒Add
			□Remove
			□Change
			🗅 Add
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iote: If the d	e, if other thate is listed, the late inserted infective date of	n this block	does not r	neet the ap	oplicable st	of filing or m atutory filin	ore than 90 g-requiren	(option days after finents, this	1 al) ding.) Pursua date will no	nt to 605,0207 t be listed as
record specif Lis filed.	fies a delayed	effective da	te, but not	t an effecti	ve time, at	42;01 a.m.	on the earl	ier of: (b)	The 90th o	lay after the
ated	17th	;_/		. 2022	·					
	Λ	<i>X</i>	``							
-		e 1								
			iature of a	member or	authorized :	epresentative	of a memb	er		

Filing Fee: \$25.00