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SECRETARY OF STATE  
TALLAHASSEE, FL

4/4/2022

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** The Medici Medical Research LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Roberto R. Rodriguez

\_\_\_\_\_  
Name of Person

The Medici Medical Research LLC

\_\_\_\_\_  
Firm/Company

1800 SW 131st PL

\_\_\_\_\_  
Address

Miami, FL 33175

\_\_\_\_\_  
City/State and Zip Code

Roberto.Rodriguez@TheMediciMedicalResearch.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roberto R. Rodriguez

305 322-7569

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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 Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# FILED

DEPARTMENT OF STATE  
TALLAHASSEE, FL

**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

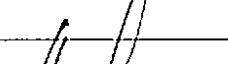
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 the record is filed.

March 17th \_\_\_\_\_ 2022

 \_\_\_\_\_  
Signature of a member or authorized representative of a member

Roberto R. Rodriguez  
\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**