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COVER LETTER

TO: Registration Section Division of Corporations ESSENTIAL CLINIC RESEARCH LLC SUBJECT: _ 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: MARIO GONZALEZ SANTOS Name of Person ESSENTIAL CLINIC RESEARCH LLC Firm/Company 3322 KATHLEEN ST Address TAMPA FL 33607 City/State and Zip Code essentialclinicalresearch1@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARIO GONZALEZ SANTOS Name of Person Enclosed is a check for the following amount: □ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ■ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

I LLC		
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	3322 W. KATHLEEN ST	
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egistered office :	address on our records, enter t	he name of the new registe
s here:	·	
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MARIO GONZ	ZALEZ SANTOS	
3322 W KATH	LEEN ST	
	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
TAMPA	Elan	ida 33607
	ted Liability Comp (A Florida Limited iability Company owing: f the limited liab rords "Limited Liab rable: TADDRESS) egistered office is here: MARIO GONZ 3322 W KATH	ted Liability Company as it now appears on our records (A Florida Limited Liability Company) iability Company were filed on OS/27/2021 owing: f the limited liability company here: Fords "Limited Liability Company," the designation "LLC" able: TADDRESS) 3322 W KATHLEEN ST TAMPA FL 33607 egistered office address on our records, enter the shere: MARIO GONZALEZ SANTOS 3322 W KATHLEEN ST Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	<u>Address</u>	Type of Action
AMBR	Esther Fleitas Padron	8202 N CAMERON AVE	□Add
		TAMPA FL 33614	■Remove
			□Change
AMBR	Mario Gonzalez Santos	3322 W KATHLEEN ST	≣ Add
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an effective date is list lote: If the date ins	sted, the date must be specierted in this block door date on the Department	cific and cannot be press not meet the app	licable statutory f	or more than 90 days	optional) after filing.) Pursu , this date will no	ant to 605.02 of be listed
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record specifies a d Lis filed.			- /	1		
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