

L21000499231

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(Business Entity Name)

(Document Number)

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STATE

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Bricker Strategies, 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:

Kelsey Bricker  
Name of Person

Bricker Strategies, LLC  
Firm/Company

1900 SW 8th St. W612  
Address

Miami, FL 33135  
City/State and Zip Code

brickerkelsey@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelsey Bricker at 586 202-4882  
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)

**RECEIVED**

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

NOV 04 2024

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**

FILED  
2024 DEC 11 PM 1:23  
STATE OF FLORIDA  
CLERK OF THE COURT

Bricker Strategies, 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 Liability Company were filed on November 22, 2021 and assigned Florida document number L21000499231.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Public Health Research Solutions, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1900 SW 8th St. W612

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL 33135

Enter new mailing address, if applicable:

1900 SW 8th St. W612

(Mailing address MAY BE A POST OFFICE BOX)

Miami, FL 33135

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

1900 SW 8th St, W612

*Enter Florida street address*

Miami

*City*

Florida 33135

*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



