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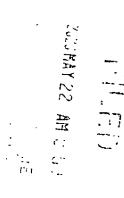
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COVER LETTER

TO: Registration Section 4 Division of Corporations ACCURACY RESEARCH, HEALTH CONSULTING & CLINICAL RESEARCH ORGANI 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: Javier Andrés Cascante Jacome Name of Person ACCURACY RESEARCH, HEALTH CONSULTING & CLINICAL RESEARCH Firm/Company 3046 Cameron Dr. KISSIMMEE, FL 34743 Address 3046 Cameron Dr. KISSIMMEE, FL 34743 City/State and Zip Code javier.cascante@accuracyresearch.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Juan Pablo Moya Daytime Telephone Number 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 Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed). (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

ACCURACY RESEARCH, HEALTH CONSULTING & CLINICAL RESEARCH ORGANIZATION, LL

(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 Compa	my were filed on06/15/2022	<u> </u>	and assi	gned
Florida document numberL22000272689				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited !	iability company here:			
ACCURACY RESEARCH, HEALTH CONSULTING & CONTI	RACT RESEARCH ORGANIZ	ZATION, LLC		
The new name must be distinguishable and contain the words "Limited L	ability Company," the designation	"LLC" or the abbrev	iation "L.I	C."
Enter new principal offices address, if applicable:			į×	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		<u></u>	
			AY	_ + <u> </u>
			22	5
Enter new mailing address, if applicable:			<u> </u>]
(Mailing address MAY BE A POST OFFICE BOX)		•	c:	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter	:_ r= 1	<u> </u>		
Name of New Registered Agent:			<u></u>	
New Registered Office Address:	Enter Florida street			
	Circ	Florida	Zm Cude	
New Registered Agent's Signature, if changing Registered Age	·	•	297 6 1111	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent being filed to merely reflect a change in the registered off company has been notified in writing of this change.	agree to act in this capacity lete performance of my duti as provided for in Chapter	es, and Lam fam 605, F.S. Or, if ti	iliar witi his docu	h and ment 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	Membe

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
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Tective date, if other than an effective date is listed, the date	must be specific and	d cannot be prior:	o date of filing or m	(opti	r filing.) Pursuant to 60.	5.0201
ote: If the date inserted in the ocument's effective date on the			ble statutory film	g requirements, thi	s date will not be lis	ted as
record specifies a delayed effi is filed.	ective date, but not	an effective ti	ne, at 12:01 a.m. (on the earlier of: (I	5) The 90th day afte	er the
Мау / 18 		. 2023	-· \			
)	/. c *			
		/	rized representative			

Filing Fee: \$25.00