

# L22000417168

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000396896 3)))



H220003968963ABCC

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BETTERHEALTH CLINICAL RESEARCH, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 02      |
| Estimated Charge      | \$25.00 |

NOV 22 2022

A. LUNT

2022 NOV 21 4:35 PM

2022 NOV 21 AM 11:27  
DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE

**Articles of Amendment to LLC Articles of Organization of**  
Better Health Clinical Research LLC

The Articles of Organization for this Limited Liability Company were filed on  
9-26-22 and assigned Florida document number  
22000417168.

This amendment is submitted to amend the following:

ADD - EJS Research, LLC

Title: Authorized member

ADDRESS: 9589 NW 41 ST.

Doral, FL 33178

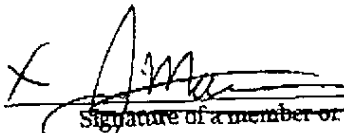
change all addresses: 9589 NW 41 st.

Doral, FL 33178

ADD TAX ID- 92-0641870

These articles of amendment were adopted on 11-21-22

Dated 11-21-22

X   
Signature of a member or authorized representative of a member

Jahziel Martinez

Typed or printed name of signer

New Registered Agent's Signature, if changing Registered Agent:  
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

\_\_\_\_\_  
Signature of New Registered Agent, if changing