

11/28/23, 11:20 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L23000382082

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To:

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

From:

Account Name : J&K ACCOUNTING SERVICES LLC
Account Number : I20200000194
Phone : (786)448-3851
Fax Number : (123)456-789

****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 PROMED RESEARCH CENTERS, LLC

Certificate of Status	0
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Page Count	04
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Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROMED RESEARCH CENTERS, 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 08/14/2023 and assigned
Florida document number L23000382082

This amendment is submitted to amend the following:

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

PROMED RESEARCH CENTER 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:

(Principal office address MUST BE A STREET ADDRESS)

500 N HIATUS RD STE 107

PEMBROKE PINES, FL 33026

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

500 N HIATUS RD STE 107

PEMBROKE PINES, FL 33026

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:

500 N HIATUS RD STE 107

Enter Florida street address

PEMBROKE PINES

, Florida 33026

City

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

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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>	<u>Type of Action</u>
MGR	NEXUS CLINICAL RESEARCH CENTER LLC	15055 SW 122 AVE	<input type="checkbox"/> Add
		MIAMI FL 33186	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	VICTOR M SOTO	500 N HIATUS RD STE 107	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES FL 33026	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BIO4LIFE MEDICAL RESEARCH LLC	15055 SW 122 AVE	<input type="checkbox"/> Add
		MIAMI, FL 33186	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MICHEL GONZALEZ	500 N HIATUS RD STE 107	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES FL 33026	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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