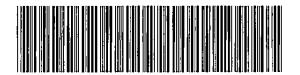
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COVER LETTER

	Registration S Division of Co					
eun ire		ida Clinical Research Center LL	.C			
SUBJEC	. I :	Name of Lan	nited Liability Company		 .	
The encle	osed Articles o	of Amendment and fee(s) are sub	omitted for filing.			
Please re	turn all corresp	nondence concerning this matter	to the following:			
		Raidy R Concepcion Gom	нех			
			Name of Person		· · · · · · · · · · · · · · · · · · ·	
		Date Florida Research Cer	nter LLC			
			Firm/Company			
		9279 SW 38th St				
			Address		· · · · · ·	
		Miami, FL 33165				
			City/State and Zip Code			7
		raidyconcepcion@gmail.co				•
		E-mail address: (to be used for future annua	il report notification	• 2	•
For further	er information	concerning this matter, please of	all:			44.0
Raidy R Concepcion Gomez 786 202 1562			in in	7:1) PH 4:1		
	Name	of Person	Area Code	Daytime Telep	hone Number	: 17
Enclosed	is a check for	the following amount:				
□ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is en		■ \$60.00 Filing F Certificate of \$ Certified Copy tadditional copy is	Status & ,
	Mailing Addro		Street A			
Registration Section				ration Section		
	Division of 6 P.O. Box 63	Corporations 27		on of Corporati entre of Tallaha		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Date Florida Clinical Research Center LLC	
(<u>Name of the Limited Liability Company as it no</u> (A Florida Limited Liability C	ow appears on our records.) ompany)
he Articles of Organization for this Limited Liability Company were file	ed on 12/28/2023 and assigned
lorida document number L24000006142	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	npany here:
Dade Florida Clinical Research Center LLC	
he new name must be distinguishable and contain the words "Limited Liability Compa	any," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	N.1
Mailing address MAY BE A POST OFFICE BOX)	
	N.T. 40
3. If amending the registered agent and/or registered office address of	•
gent and/or the new registered office address here:	rn.
Name of New Registered Agent:	<u>n</u>
New Registered Office Address:	Enter Florida street address
	Table For the SOCCI WWW.You
	, Florida Zw Code
C jiv.	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

If antending 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
MGR	Yadira Zamora Martinez	11366 NW 3rd Ter Miami,Fl 33172	= Add
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Tective date, if other than to the effective date is listed, the date	the date of filing: must be specific and cannot be prior to da	te of filing or more than 90 days after	ional) er filing.) Pur	rsuant to	605,020
ote: If the date inserted in this	s block does not meet the applicable a Department of State's records.	statutory filing requirements, th	is date will	not be	listed a
rediffers effective date on the	. Department of State's records.				
record specifies a delayed effer	ctive date, but not an effective time, a	it 12:01 a.m. on the earlier of: (hi The 90	th dev :	ifter the
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