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| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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,FLORIDA CAPITAL COURIER SERVICES, INC , 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

| PLEASE USE FUNDS FROM THIS ACCO | OUNT: 120210000160: \$ 25 c | 50 |
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| AUTHORIZATION SIGNATURE: | 1 marita | |
| YETheta Clinical Research 1 | LC L240000170 | 74 |
| BUSINESS (Name) | Document # | <u> </u> |
| Walk in | Pick up time | |
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| Photocopy | | |
| Certified Copies of Articles of Organization | n | r. Nej Oli |
| Certificate of Status | , ; f | |
| NEW FILINGS | <u>AMMENDMENTS</u> |): 02 : FATE |
| Profit Not for Profit Limited Liability Domestication CORP LLLP | | Agent |
| OTHER FILINGS | REGISTERATION/QUALIFICA | ATIONS |
| Annual Report | Foreign Filing | |
| Fictitious Name | Limited Partnership Reinstatement Trademark | |
| APOSTIL () | Other | |
| Country | | |

EXAMINER'S INITIALS:____

COVER LETTER

| TO: Registration S Division of Co | | | |
|---|--|---|--|
| | A CLINICAL RESEARCH LL | С | |
| SUBJECT: | Name of Lin | ited Liability Company | |
| The enclosed Articles o | f Amendment and fee(s) are sub | omitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | MARTIN E. DELLOCA | | |
| | 161-1-10 Power of Pite Indiana | Name of Person | (*) |
| | MDELL CONSULTING | CORP | <u>:</u> |
| | | Firm/Company | |
| | 848 BRICKELL AVE ST | E. 1130 | 2 |
| | | Address | 3110: 02 |
| | MIAMI, FL, 33131 | | 02 FL |
| | <u> </u> | City/State and Zip Code | |
| | E-mail address: (| to be used for future annual report notific | ration) |
| For further information | concerning this matter, please e | | |
| MARTIN E. DELLOC | A | 305 6073493 | |
| Name | of Person | at () 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) |
| Mailing Addre Registration Division of O P.O. Box 63 Tallahassee. | Section Corporations 27 | Street Address: Registration Sect Division of Corporate Centre of Ta 2415 N. Monroe Tallahassee, FL 3 | orations llahassee Street, Suite 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| Y&THETA CLINICAL RESEARCH LLC | | |
|---|--|---------------------------------------|
| (<u>Name of the Limited Liability Com</u> (A Florida Limite | pany as it now appears on our records. d Liability Company) | |
| The Articles of Organization for this Limited Liability Compar | ny were filed on 01/08/2024 | and assigned |
| Florida document number L24000017074 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lia | bility company here: | |
| | | |
| The new name must be distinguishable and contain the words "Limited Lia | bility Company," the designation "LLC" | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 848 BRICKELL AVE. STE 1130 | |
| Principal office address MUST BE A STREET ADDRESS) | MIAMI, FLORIDA 3131 | 9. J |
| | | · · · · · · · · · · · · · · · · · · · |
| Enter new mailing address, if applicable: | 848 BRICKELL AVE. STE 1130 |): 02 |
| Mailing address MAY BE A POST OFFICE BOX) | MIAMI, FLORIDA 33131 | |
| 3. If amending the registered agent and/or registered office agent and/or the new registered office address here: | e address on our records, enter th | ne name of the new regis |
| | PARTNERS CORP | |
| 949 BDICVE | LL AVE STE 1130 | |
| New Registered Office Address: 848 BRICKE | Enter Florida street address | |
| MIAMI | Flor | ida ³³¹³¹ |
| | City | Zip Code |

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 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> | Name | Address | Type of Action |
|--------------|-------------------|----------------------------|--|
| MGR | VICZENA, GEORGINA | 4842 NW 107 PLACE | □Add |
| | | DORAL, FL 33178 | ≣Remove |
| | | | Change |
| MGR | DELBIZ LLC | 848 BRICKELL AVE. STE 1130 | ≣ Add |
| | | MIAMI, FLORIDA 33131 | □Remove |
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| Effective date, if other than the offer the date must Note: If the date inserted in this blo document's effective date on the De | ock does not meet the applic | able statutory filing requirem | (optional) days after filing.) Pursuant to 605.0 ents, this date will not be lister | 0207 (d as t |
| e record specifies a delayed effective rd is filed. | date, but not an effective ti | me, at 12:01 a.m. on the earli | er of: (b) The 90th day after | the |
| AUGUST | 15 | _ (| | |
| Dated | | | | |
| Dated | . 15 | - MEQUA | <u>.</u> | |