P10000053561

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Busiless Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filing Officer.

Office Use Only



400316976224

08/13/18--01012--006 **35.00



Anund

AUG 1 4 2018 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SOUTH FLORID	A RESEARC	H PHASE I	IV, INC.
DOCUMENT NUM	BER: P10000053561			
	of Amendment and fee are su	abmitted for fili	ng.	
Please return all corre	spondence concerning this ma	itter to the follo	wing:	
	ROSARIO GUTIERREZ			
	· 	Name of C	ontact Person	n
	SOUTH FLORIDA RESEA	ARCH PHASE	1-14, 140	<u> </u>
		Firm/ (Company	
	4487 NW 36TH ST., SUIT	ΕB		
		Ad	dress	
	MIAMI SPRINGS, FL 3316	66		
	-	City/ State	and Zip Cod	e
ROS	ARIO@SOUTHFLORIDAT	RIALS.COM		
	E-mail address: (to be us		nnual report	notification)
For further informatio	n concerning this matter, pleas	se call:		
ROSARIO GUTIERREZ			786	380-3285
Name	of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check fo	or the following amount made	payable to the	Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Fil Certified ((Additional enclosed)	Copy I copy is	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SOUTH FLORIDA RESEARCH PHASE I-IV. INC.

SOUTH EORIDA RESEARCH TIASE FIV, 7 F	
· · · · · · · · · · · · · · · · · · ·	tion as currently filed with the Florida Dept. of State)
P10000053561	
(Docu	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the c	corporațion:
N/A	The new
	ord "corporation," "company," or "incorporated" or the abbreviation p," "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD	
 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bet) D. If amending the registered agent and/or registered agent and/or the new registered 	ered office address in Florida, enter the name of the
Name of New Registered Agent N/A	
New Registered Office Address:	(Florida street address)
New Negistered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	gistered Agent: I am familiar with and accept the obligations of the position.
Sia	nature of New Registered Agent if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	VP	MHCR, LLC	1600 S LEJEUNE RD
Add			CORAL GABLES, FL 33134
X Remove			
2) Change	s	ROSARIO GUTIERREZ	4487 NW 36TH ST
X Add			MIAMI SPRINGS, FL 33166
Remove			
3) Change			_
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
ட Change			
Add			-
Remove			

E. If amending or adding additional Article (Attach additional sheets, if necessary).	cles, enter change(s) here:
	(ве ѕресіліс)
N/A	
- William	
	
	
 	
	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
N/A	
·*	

) adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> : _		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date. Department of State's records.	ite will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(se sufficient for approval.	\$)
	approved by the shareholders through voting groups. The following stateme for each voting group entitled to vote separately on the amendment(s):	ent
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholde	er
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated <i>OS</i> / Signature _	08/2018	
(By sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other cour ointed fiduciary by that fiduciary)	t
	YULIER POLO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	