P11000044297

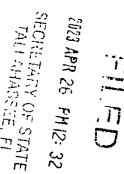
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: NewPhase Clinical	l Trials, Corp.		
	BER: P11000044297			
The enclosed Article.	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	Lourdes R. Gonzalez			
		Name of Contact Person	n	
	NewPhase Clinical Trials, Co	orp.		
		Firm/ Company		—
	333 W 41 ST. Suite 410			
		Address		_
	Miami Beach, FL 33140			
		City/ State and Zip Code	e	
	lourdes.gonzalez@newphase	clinicaltrials.com		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
Lourdes R Gonzalez		at (206-7796	
Name	of Contact Person	Area Co	de & Daytime Telephone Nun	ıber
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:	į
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is	T:\$52.50 Filing Fee Certificate of Status Certified Copy	· · · · · · · · · · · · · · · · · · ·

Mailing Address

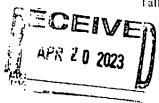
Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address

Amendment Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

(Additional Copy is enclosed)



enclosed)

Articles of Amendment to Articles of Incorporation of

NewPhase Clinical Trials, Corp.

Newtrase Clinical Trials, Corp.	
	as currently filed with the Florida Dept. of State)
P11000044297	
(Documen	nt Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida S its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	poration:
	The new
	poration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word ation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDR	PESS)
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX))
D. If amending the registered agent and/or registered	
new registered agent and/or the new registered of	fice address:
Name of New Registered Agent	
	(Florida street address)
March Danisasan J. (March 1997)	en vi
New Registered Office Address:	(City) Florida (Zip Code)
New Registered Agent's Signature, if changing Regist	
I hereby accept the appointment as registered agent. I a	am familiar with and accept the obligations of the position.
Signatu	ure of New Registered Agent, if changing
Ç.	
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

1

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 Doc	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
i) Change			. = 101
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			S 2
4) Change			SECRETALLA
Add			工当 2
Remove			
5) Change			: Sa 2:
Add			ATE
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
Article Amended:		
Aaron D. Jones Vice-President		_
Shares 49%		_
Address: 651 NE 69 ST Miami FL 33138		_
Signature:		_
Amended: Sydney M. Jones Secretary		_
Shares 49%		_
Address: 651 NE 69 ST Miami FL 33138		_
Signature:	· ·	_
Amended: Lourdes R. Gonzalez President		_
Shares: 2%		_
Address: 651 NE 69 ST Miami Fl 33138	-	_
Signature: Add		_
		_ _
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	- C	202
(if not applicable, indicate N/A)	ORET.	1023 APR
N/A 	<u> </u>	۶ ۲
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	December 15, 2020	
The date of each amendment date this document was signed.	• • • • • • • • • • • • • • • • • • • •	, if other than the
December date if anyther has	December 15, 2020	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date was Department of State's records.	zill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors without shareholder action a	nd shareholder
■ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes east for the amendment(s) are sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voling group)	
Dated	April 01, 2023	
Signature		
(By se	y a director, president or other officer—if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	Lourdes R Gonzalez	
	(Typed or printed name of person signing)	MP29 SECI
	President	APR 26 RETARN
	(Title of person signing)	26 PHIZ: 33 NRY OF STATE HASSEE, FL