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ZOIR AUG 29 PM 4: 36 SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Ideal C	linical Research			
DOCUMENT NUMBER: P_130000 78018				
The enclosed Articles of Amendment and fee are submi	itted for filing.			
Please return all correspondence concerning this matter	to the following:			
Armando Vargas				
	Name of Contact Person			
Ideal Clinical Research				
4	Firm/ Company			
2627 NE 203rd Street Suite10	00			
	Address			
Aventura, Florida 33180				
	City/ State and Zip Code			
avargas@idealclinicalresearch.com	1			
	for future annual report notification)			
	,			
For further information concerning this matter, please call:				
Armando Vargas	394-2782			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:				
S35 Filing Fee	S43.75 Filing Fee & ☐ \$52.50 Filing Fee Certified Copy (Additional copy is enclosed) ☐ Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, Fl. 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation

FILED

IDEAL CLINICAL RESEARCH, INC

2018 AUG 29 PM 4: 36

(Name of Corporation as currently	filed with the Florida Dept. of State)
P1300007801	filed with the Florida Dept. of State) SECRETARY OF STATE TALLAHASSEE, FL
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Cword "chartered," "professional association," or the abbreviation "I	lo". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>) D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stree	et address)
New Registered Office Address:	, Florida
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent.—I am familiar wa	
Signature of New Re	gistered 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 Doc			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>SV</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>			<u>Addres</u> s
1) Change	P, D	Carlos	Carus Jr.		
Add					
X Remove					
2) Change					
, Add		-			
Remove					
3) Change					
Add				_	
Remove					
4) Change	-	- -		_	
Remove					
5) Change					
Add				_	
Remove					
Kellove					
6) Change				_	
Add					
Remove					

(Attach additional sheets, if necessary).	(Be specific)
	
f an amendment provides for an excha	inge, reclassification, or cancellation of issued shares
provisions for implementing the amen-	ange, reclassification, or cancellation of issued shares. I diment if not contained in the amendment itself:
f an amendment provides for an excha provisions for implementing the amen- (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares. adment if not contained in the amendment itself:
provisions for implementing the amen-	ange, reclassification, or cancellation of issued shares, idment if not contained in the amendment itself:
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provisions for implementing the amen-	ange, reclassification, or cancellation of issued shares. adment if not contained in the amendment itself:

	July 10, 2017	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:		
	(no more than 91) days after amendme	nt file date)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing repartment of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east ifficient for approval,	for the amendment(s)
	proved by the shareholders through voting groups. To each voting group entitled to vote separately on the	
"The number of votes case	for the amendment(s) was/were sufficient for approv	al
by	(voting group)	_,``
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder a	ction and shareholder
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action	and shareholder
August 27	, 2018	
Dated	1 2	
Signature	irector, president or other officer - if directors or off	icers have not been
	d, by an incorporator – if in the hands of a receiver, to	
αρροίτ	ted fiduciary by that fiduciary)	
	Armando Vargas	
	(Typed or printed name of person signing	g)
	President	
	(Title of person signing)	