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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ACEVEDO CLIN	ICAL RESEARCH ASSO	CIATES CO.
	BER: P14000051908		
	of Amendment and fee are su	ıbmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	LOURDES SAURA		
	-	Name of Contact Person	n
	ACEVEDO CLINICAL RES	SEARCH ASSOCIATES C	O.
	<u>-</u>	Firm/ Company	
	2400 NW 54TH STREET		
		Address	
	MIAMI, FL 33142		
		City/ State and Zip Cod	e
LOU	RDES189@AOL.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
LOURDES SAURA		at (213.0496
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building	
Tallahassee, FL 32314		2661 F	vecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ACEVEDO CLINICAL RESEARCH ASSOCIATES CO.

` 	f Corporation as current	ly filed with the Florida Dept. of State)			
P14000051908					
	(Document Number o	of Corporation (if known)			
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this	Florida Profit Corporation adopts the fo	ollowing a	mendn	nent(s)
A. If amending name, enter the new na	me of the corporation:				
N/A			T	he ne	
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designa word "chartered," "professional associate	ttion "Corp," "Inc," or	"Co". A professional corporation name	the abbi	eviatio	on
B. Enter new principal office address, in		N/A			
Principal office address <u>MUST BE A ST</u>	<u>REET ADDRESS</u>)				
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O		N/A			
			- 		
			= = = =	_ 	
). If amending the registered agent and	l/or registered office add	ress in Florida, enter the name of the		C	71
new registered agent and/or the new		<u>s:</u>		œ	,
Name of New Registered Agent	N/A 				Ţ
			## ###		_)
	(Florida st	reet address)	5	37	
	N/A		-		
New Registered Office Address:		, Florida, Florida			

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.

X Change	<u>PT</u> <u>Jol</u>	hn Doe	
X Remove	<u>V</u> <u>Mi</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP.T	LOURDES SAURA	2400 NW 54TH STREET
X Add			MIAMI FL 33142
Remove			
2) Change	т ——	BLAKE E FERNANDEZ	2400 NW 54TH STREET
Add			MIAMI FL 33142
X Remove			
3) Change	<u>s</u>	BLAKE E FERNANDEZ	2400 NW 54TH STREET
X Add			MIAMI FL 33142
Remove			
4) Change			79
Add			OC 7
Remove			
5) Change			
Add			37
Remove			
6) Change			
Add			-
Remove			

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: (if not applicable, indicate N/4)	(Attach additional sheets, if necessary). (Be specific)			
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: (if not applicable, indicate N/A) A	/A			
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10/07/2019 The date of each amendment(s) adoption:	i di malaman atau mala
late this document was signed.	, if other than th
10/07/2019	
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	-,-
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	e will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	ıt
"The number of votes east for the amendment(s) was/were sufficient for approval	
by (voting group)	
(voting group)	35 ()
■ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder	
action was not required.	ED ATTEND
10/07/2019	
Dated	¹² μ ω
Signature	2 7 2
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
VICE PRESIDENT	
(Title of person signing)	

. . . .