P17000090776

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: $\frac{\mathcal{U} \&}{2}$	M Clinical Trail, INC
DOCUMENT NUMBER:	00 90776.
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following:
<u>R</u>	A.M. Mujes Name of Contact Person
Picam	Name of Contact Person (5) Meyes P.A. Firm Company
57)3S	First Company Palson Ave
	Address L Fl 3-2012 City/ State and Zip Code
	City/ State and Zip Code Ting 5035 @ Jahoo. www. cused for future annual report potification)
For further information concerning this matter, pl	case call:
Ramon Meyes	at (<u>305</u>) <u>935 - 0669</u> Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount mad	de payable to the Florida Department of State:
S35 Filling Fee □S43.75 Filling Fee & Certificate of Status	-
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

	f
M& M Clinicay	Trail INC
· · · · · · · · · · · · · · · · · · ·	tly filed with the Florida Dept. of State)
P17000090776	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.4006 , Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
M & M Clinical	
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp.," The," or word "chartered," "professional association," or the abbreviation	"Co". 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:	Sign of M
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office ad	· · · · · · · · · · · · · · · · · · ·
new registered agent and/or the new registered office addre	<u>555.</u>
Name of New Registered Agent	
(Florida s	n eet address)
New Registered Office Address:	, Florida
	(Cuy) (Zip Code)
New Registered Agent's Signature, if changing Registered Aget	
Thereby accept the appointment as registered agent. I am familian	
C:	Registered Agent, if changing
Signature of New	кедмеген ядет, у спандид

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	$\overline{\mathbf{b.L}}$	<u>John Doc</u>			
X Remove	<u>V</u>	Mike Jones			
<u>X</u> Add	<u>8V</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s		
1) Change					
Add					
Remove					
2) Change					
Add					
Remove					
3)Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
* +					
6) Change					
Add					
Remove					

	Mementing the ameno ble, indicate N/A)	iment ii not conti	<u>imen in the ame</u>	minent fisen:	
					·· ·- ·-
					
·					

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date <u>if applicable:</u> (no more than 90 days after amendment file date)	
(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 dedocument's effective date on the Department of State's records.	ate will not be listed as th
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(by the shareholders was/were sufficient for approval.	s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	er
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 11/01/2018 Signature Eric Zurita	
Signature Cric Turita	
(By a director, president or other officer – if directors or others have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other cou appointed fiduciary by that fiduciary)	ft
Trie A. Zurite. (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
PRESIDENT (Title of person signing)	
(Title of person signing)	