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SECRET AND STATE
TALLABASSEE, FL

FILED

JAN-2 PH 6:

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: SOUTH CLINICA	IL RESEARCH INC	
DOCUMENT NUME	BER: P18000077050		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	KALINA QUINTANA		
		Name of Contact Person	n
	SOUTH CLINICAL RESEA	RCH INC	
	<u> </u>	Firm/ Company	
	13205 SW 137TH AVE SUI	TE 220	
		Address	-
	MIAMI FL 33186		
		City/ State and Zip Cod	le
office	e@kemiamicorp.com		
	<del>-</del>	sed for future annual report	notification)
	.,	,	,
For further informatio	n concerning this matter, pleas	se call:	
KALINA QUINTAN	Α	at (	4474190
Name	of Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	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)
	lling Address		Address
	endment Section		dment Section
	ision of Corporations . Box 6327		on of Corporations 1 Building
	ahassee, FL 32314		Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## FILED

2019 JAN - 2 PM 6: 10

to

SOUTH CLINICAL RESEARCH INC

( <u>Name of C</u> P18000077050	ornoration as curren				
P18000077050	or portation as carren	itly filed with the Florida	Dept. df State) L		
		, , , , ,			
	(Document Number	of Corporation (if known)	-		
Pursuant to the provisions of section 607.100 ts Articles of Incorporation:	96, Florida Statutes, thi	s Florida Profit Corporat	tion adopts the following amendment		
A. If amending name, enter the new name	e of the corporation:				
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	on "Corp," "Inc," or	"Co". A professional co	The new acorporated" or the abbreviation or poration name must contain the		
B. Enter new principal office address, if a		13205 SW 137TH A	13205 SW 137TH AVE SUITE 220		
Principal office address MUST BE A STRI		MIAMI FL 33186	-		
			<u>-</u>		
C. Enter new mailing address, if applicate (Mailing address MAY BE A POST OF)		13205 SW 137TH AVE SUITE 220			
	<u></u>	MIAMI FL 33186			
D. If amending the registered agent and/o new registered agent and/or the new re-			ne name of the		
Name of New Registered Agent					
	13205 SW 137TH AVE				
		street address)	<del></del>		
<del>-</del>			22404		
 M	IAMI		33186		
New Registered Office Address:	IAMI	(City)	, Florida 33186		

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	CARLOS MANUEL MARTINEZ	13155 SW 134TH ST STE 125
Add			MIAMI FL 33186
X Remove			
2) Change	VP	KALINA QUINTANA	13205 SW 137TH AVE
XAdd			MIAMI FL 33186
Remove			
3 ) Change			
Add		V.	
Remove			
4) Change			
Add			- <u>.                                    </u>
Remove			<u> </u>
5) Change			
Add			
Remove			
6) Change	<del></del>	<del>-</del>	
Add			-
Pamaus			

(Attuci	nadditional sheet	s, if necessary).	icles, enter chan (Be specific)	<u>ge(s) here</u> .			
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If an .	amendment prov	uidae fan an as al	nanga raalussifii	nation or sance	Matian of icenad	l charac	
prov	isions for impl <mark>e</mark> n	nenting the ame	endment if not co	ontained in the	amendment itse	<u>lf:</u>	
	if not applicable,	indicate N/A)					
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	12/01/2018	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	2/01/2018	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, to Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amend sufficient for approval.	ment(s)
	pproved by the shareholders through voting groups. The following sor each voting group entitled to vote separately on the amendment(s	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
bv	."	
•	(voting group)	
action was not required.	dopted by the board of directors without shareholder action and shar dopted by the incorporators without shareholder action and sharehol	
12/11/20	18	
Dated		
Signature		
(By a selec	director, president or other officer – if directors or officers have not ted, by an incorporator – if in the hands of a receiver, trustee, or othe inted fiduciary by that fiduciary)	
	RAIDEL BARRIOS JIMENEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	