## P19000033074

(Re	questor's Name)	
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer	
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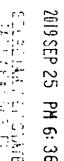


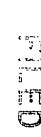


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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: KISSIMMEE CLI	NICAL RESEARCH (KCF	R) CORP
DOCUMENT NUMI	D10000022074		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	MARIA REYNOSO		
		Name of Contact Person	n
	KISSIMMEE CLINICAL RI	ESEARCH (KCR) CORP	
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·
	112 BUENAVENTURA BI.	• •	
	<u>-</u>	Address	
	KISSIMMEE FL 34743		
		City/ State and Zip Cod	e
	E-mail address: (to be us	sed for future annual report	notification)
		and the received annual repent	
For further information	n concerning this matter, pleas	se call:	
MARIA REYNOSO		954 at (	822-7316
Name o	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
■ \$35 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

10	
500 3 001	
of Corporation (if known)	
s Florida Profit Corporation adopts th	e following amendment(s)
	The new
on," "company," or "incorporated" "Co". A professional corporation no "P.A."	or the abbreviation
112 BUENAVENTURA BLVD	<b>20</b>
KISSIMMEE FL 34743	5.1.1 S
	70
	2
112 BUENAVENTURA BLVD	70 (3)
KISSIMMEE FL 34743	5: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3:
dress in Florida, enter the name of th	<u>e</u>
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treet address)	
	a(Zip Code)
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<u>t:</u>	
with and accept the obligations of the	position.
	on," "company," or "incorporated" "Co". A professional corporation no "P.A."  112 BUENAVENTURA BLVD  KISSIMMEE FL 34743  112 BUENAVENTURA BLVD  KISSIMMEE FL 34743  Iress in Florida, enter the name of these:  (City)

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> Jol	<u>on Doe</u>	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
<u>X</u> Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	MARIA REYNOSO	112 BUENAVENTURA BLVD
Add			KISSIMMEE FL 34743
Remove			
2) X Change	VP	CLAUDIA REYNOSO RUIZ	H2 BUENAVENTURA BLVD
Add			KISSIMMEE FL 34743
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)
<u> </u>	
<del>-</del>	
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_	
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares
<u>provisions for implementing the ame</u>	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
an amendment provides for an exchorovisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
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<u>provisions for implementing the ame</u>	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
J		
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the data invested in this		
document's effective date on the I	block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	t
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were a must be separately provided for	pproved by the shareholders through voting groups. The following statemen or each voting group entitled to vote separately on the amendment(s):	t
"The number of votes ca.	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
09-11-20	19	
Dated Signature ^/	Maria Remova	
(By a select	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	MARIA REYNOSO	
	(Typed or printed name of person signing)	<del></del>
	PRESIDENT	
	(Title of person signing)	<del></del>