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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: CLINICAL RESEA	ARCH TECHNOLOGIES I	NC.		
	IBER: P22000019876				
The enclosed <i>Article</i>	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	PETER MILLER MD				
		Name of Contact Persor	1		
	CLINICAL RESEARCH TE	CHNOLOGIES			
		Firm/ Company			
	6877 SW 18TH STREET SU				
	-	Address		(2)	200
	BOCA RATON, FL 33433			ール	22 H.
		City/ State and Zip Code	2		ŔΫ́
	pmiller@crtplasma.com				2022 HAY 3 I
		sed for future annual report	notification)	:-	Ē
	,	•	,	4 4 4	=
For further informati	on concerning this matter, pleas	se call:		1 2	MH: 28
Peter Miller MD		at (²⁰²	740-1981		
Name of Contact Person		at (Area Coc) de & Daytime Telephone i	Number	
Enclosed is a check i	for the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ar Di P.G	nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio The Co 2415 Y	Address ment Section in of Corporations entre of Tallahassee N. Monroe Street, Suite issee, FL 32303	810	

Articles of Amendment to Articles of Incorporation of

CLINICAL RESEARCH TECHNOLOGIES INC.

(Name o	of Corporation as currently	filed with the Florida Dept. of S	tate)	至	استسر
P22000019876				=	(ED
	(Document Number of	Corporation (if known)	المراسي	28	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this <i>F</i>	Torida Profit Corporation adopts t	he following ar	nendme	nt(s) to
A. If amending name, enter the new na	ame of the corporation:				
			7 <i>7</i> 1	ie new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp." "Inc." or "Co". A				
B. Enter new principal office address,	if applicable:				
(Principal office address <u>MUST BE A S</u>					
					
C. Enter new mailing address, if appli	icable:				
(Mailing address MAY BE A POST)					
D. If amending the registered agent an		ess in Florida, enter the name of t	<u>the</u>		
new registered agent and/or the new					
Name of New Registered Agent	Peter Miller MD	· · · · · ·			
	7498 Dublin Drive				
	(Florida stre	et address)			
New Registered Office Address:	Boca Raton	, Flori	33433		
		City)	(Zip Code	:)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent:	ith and accept the abligations of th	ie navitian		
r nevery accept the appointment as regist	erea agent. Tam jamittar w	in and accept the omigations of th	e position.		
	DA mill	mo mo			
	Sanature of New Pa	vistered Avent, if changing			

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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> <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>	Name	Address
1) Change	MGR	GOLDBLATT, SCHRAGE Y	1200 N. FEDERAL HIGHWAY
Add		·	STE 200
X Remove			BOCA RATON, FL 33432
2) Change	MGR	FINK, EFRAIM	104 WEBSTER AVENUE
X Add			BROOKLYN, NY 11230
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. It amending or ad (Attach additional c	ding additional Articl heets, if necessary).	es, enter change(<u>s) here</u> :		
(Attach adamonal s	neeis, ij necessary).	(ве ѕресіліс)			
					<u> </u>
	-				
					
			- · · - · ·		
F. <u>If an amendment p</u>	provides for an exchai	nge, reclassificati	on, or cancellation	on of issued shares,	L.
if not applied	plementing the ameno ble, indicate N/A)	<u>Iment if not cont</u>	ained in the ame	ndment itself;	
	me, maicale way				
N/A					
		 -		, <u>-</u>	
					
				<u> </u>	
	<u> </u>				

	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:	ino more than 90 days after amendment file	
	(no more than 90 days after amendment file	e date)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirement of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without s	shareholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were	dopted by the shareholders. The number of votes east for t sufficient for approval.	he amendment(s)
☐ The amendment(s) was/were apmust be separately provided for	oproved by the shareholders through voting groups. The for each voting group entitled to vote separately on the ame	ollowing statement ndment(s):
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
05/25/20 Dated	22	
Signature	With Mille	
(By a select	director, president or other officer – if directors or officers ed, by an incorporator – if in the hands of a receiver, trustented fiduciary by that fiduciary)	
	PETER MILLER MD	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	