L21000033062

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
<u> </u>
Special Instructions to Filing Officer:
J. HORNE
JUL - 6 2023

Office Use Only



300411488313

07/06/23--01003--008 ••30.00

2023 JUL -6 Fr.
SECRETAL
TALLAHACTER

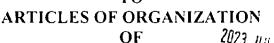
RECEIVED

00

COVER LETTER

TQ:		istration Sec sion of Corp				••		
CLID IE	CT.	Progress For	rward LLC					
SUBJE	CI:		Name of Lim	iited Liability Con	npany			
The enci	losed	Articles of A	mendment and fee(s) are sub	mitted for filing				
			dence concerning this matter					
			Doudouine Cora					
				Name of P	erson			
			SciLyfe Clinical	Consulting	g Serv	ices LL0	s LLC rt notification) 4-6798 Paytime Telephone Number Certificate of Status & Certified Copy (additional copy is enclosed) cess: con Section f Corporations cof Tallahassee onroe Street, Suite 810	
			•	Firm/Con	ipany	· · · · · ·		
	11322 Miramar Pkwy #1392							
	/.ddress							
			Miramar, FL 3	33025				
			a cilufa clia	City/State and	•			
				ical@gmai			ation)	
or furth	her in	formation co	ncerning this matter, please co	all:				
Doudou	iine C	ora		at (_78	6 ₎	694-679	8	
		Name of	Person	Area	Code	Daytime [*]	Геlepho	ne Number
Enclose	d is a	check for the	e following amount:					
□ \$25	5,00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified				Certificate of Status & Certified Copy
	Reg Div P.O	ling Address distration Solision of Co b. Box 6327 lahassee, F	ection orporations		Division The Ce 2415 N	ration Sect on of Corporate of Ta	oratio Hahas Street	see , Suite 810

ARTICLES OF AMENDMENT





	5 Pn
Progress Foward LLC	SECRETAL AND A SECRETARIAN AND
(Name of the Limited Liability Compan (A Florida Limited Li	v as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v	vere filed on January 8, 2023 and assigned
Florida document number L21000023082	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
ScyLyfe Clinical Consulting Services LLC	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	
B. If amending the registered agent and/or registered office ac	ldress on our records, enter the name of the new registered
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Finter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

, Florida j

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = 'Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	Clodine Cora	11322 Miramar Pkwy #1392	= Add
		Miramar, FL 33025	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			🗆 Add
			□Remove
			□Change
			□Add
			🗆 Remove
			Change

	****	 -			
					
	-1				
	· · · · · · · · · · · · · · · · · · ·				
					<u> </u>
		 			
				<u></u>	
	<u> </u>	.			
			· -		
		_			
			<u></u>		
fan effectiv <u>Vote:</u> If th	date, if other than the date date is listed, the date must be see date inserted in this block is effective date on the Depar	specific and cannot be p does not meet the ap	orior to date of filing or plicable statutory fi	more than 90 days after fi	ling.) Pursuant to 605.0207 (
record sped is filed.	ecifies a delayed effective da	e, but not an effective	ve time, at 12:01 a.r	a, on the earlier of: (b)	The 90th day after the
Dated	Jun 20	. 2023			
			Out		
	Sign	ature of a member of a	authorized representat	ve of a member	

Filing Fee: \$25.00