# K21000457941

(Re	questor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
_	_	_
PICK-UP		MAIL
(Bu	siness Entity Nam	ne)
	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	v
		,

900375808689

11/02/21-+01008-+021 \*+25.00

1) 2331 2011 - 2 - AMTHE **02** 

A. RIVERS

NOV 1 5 2021

## **COVER LETTER**

#### TO: Registration Section Division of Corporations

6 - - - - - **-**

.

THE SOUTHERN CLINICAL RESEARCH, LLC

SUBJECT: \_\_\_\_\_

🕊 i k

"

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CANIZARES, DAINERYS

	· · · · · · · · · · · · · · · · · · ·		
		Name of Person	
		Firm/Company	<u></u>
		225 NE 23rd Street Apt 304	
		Address	
		Miami, FL 33137	
	HE.	City/State and Zip Code ALTHRN2019@GMAIL.COM	
	E-mail address: (	to be used for future annual report not	ification)
For further information co	oncerning this matter, please c	all:	
DAINERYS	CANIZARES	786 416-1883	
Name of	Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fec & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Address</u> Registration S		<u>Street Address:</u> Registration Se	ection

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE SOUTHERN CLINICAL RESEARCH, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/20/2021 and assigned Florida document number L21000457941

This amendment is submitted to amend the following:

### A. If amending name, enter the new name of the limited liability company here:

SOUTHERN CLINICAL RESEARCH, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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 address on our records, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Mary Doubstand (NE as Address			
New Registered Office Address:	Enter Flori	ida street address	
		, Florida	
	City		Zip Colla
gistered Agent's Signature, if changing Regist	<u>ered Agent:</u>		

*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 domanent 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.* 

- If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added

## MGR = Manager AMBR = Authorized Member

.

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗆 Add
			Change
			🗆 Add
			🗆 Remove
			□ Change
			🗆 Add
			□Add
			🗋 Add
			🖾 Remove
			🗆 Change
			🖸 Add
			🗆 Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

	······································
<u> </u>	
·····	······································
······	

E. Effective date, if other than the date of filing: \_\_\_\_\_\_(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

d 10/25	2021	
u	·	
	1). Los	
<u></u>		
	Signature of a membur or authorized representative of a member	
CANIZARES, DAINI	ERYS .	