

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**L22000207385**

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(((H22000365517 3)))



H220003655173ABC+

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To:

Division of Corporations
Fax Number : (850)617-6383

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SILVER LINING CLINICAL RESEARCH LLC**

Certificate of Status	0
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Corporate Filing Menu

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OCT 28 2022

K. Brumbley

APPROVED
AND
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850-617-6381

10/27/2022 8:08:51 AM PAGE 1/001 Fax Server



October 27, 2022

FLORIDA DEPARTMENT OF STATE

Division of Corporations

SILVER LINING CLINICAL RESEARCH LLC
2742 SW 8 ST
10A
MIAMI, FL 33135

SUBJECT: SILVER LINING CLINICAL RESEARCH LLC
REF: L22000207385

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging.

If you have any further questions concerning your document, please call (850) 245-6939.

Catherine M Brumbley
Regulatory Specialist III
Internet Support

FAX Aud. #: H22000365517
Letter Number: 622A00024098

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SILVER LINING 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 10/20/2022 and assigned
Florida document number L22000207385

This amendment is submitted to amend the following:

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

N/A

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

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address

City

Florida

Zip Code

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.

If Changing Registered Agent, Signature of New Registered Agent

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AND
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2022 OCT 27 PM 4:18
CLERK OF THE COURT
JUDICIAL CIRCUIT IN AND FOR
THE COUNTY OF DADE
FLORIDA

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ALBERTO CAMPANIONI	2742 SW 8 STREET	☐ Add
		SUITE 10A	☐ Remove
		MIAMI, FL 33135	☒ Change
MGR	MARIA LOURDES CAMPANIONI	2742 SW 8 STREET	☐ Add
		SUITE 10A	☐ Remove
		MIAMI, FL 33135	☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

N/A

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 e05.0207 (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.

Dated OCTOBER 20TH

2022

Signature of a member or authorized representative of a member

ALBERTO CAMPANIONI

Typed or printed name of signer

Filing Fee: \$25.00