M22000002773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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TALLAHASSEE, FLORIDA

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2025 SEP 22 AM 10:37
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TALLAHASSEE, FLORIDA

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 09/22/2025

WALK IN

ENTITY NAME CHARTJOY LLC !

DOCUMENT NUMBER _____

PLEASE FILE THE ATTACHED AND RETURN

_____ Plain Copy

XXXXXXXXX Certified Copy :

_____ Certificate of Status

_____ _____

PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY

_____ Certified Copy of Arts & Amendments

_____ Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

_____ Certificate of Status

_____ Certificate of Status Reflecting: _____

_____ _____

APOSTILLE' / NOTARIAL CERTIFICATION

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED $ 55.00 ACCOUNT # 120160000072

Please call Tina at the above number for any issues or concerns. **Thank you** so much!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ChartJoy LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Samantha DiGiorgio
Name of Person

Nelson Mullins
Firm/Company

201 17th Street NW, Suite 1700
Address

Atlanta, GA 30363
City/State and Zip Code

samantha.digiorgio@nelsonmullins.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samantha DiGiorgio at (404) 322-6012
Name of Person — Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ $25 Filing Fee ☐ $30 Filing Fee & Certificate of Status ■ $55 Filing Fee & Certified Copy ☐ $60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: ChartJoy LLC

Enter new principal office address, if applicable: _____

(*Principal office address MUST BE A STREET ADDRESS*) 677 King Street, Suite 356, Charleston, SC 29403

Enter new mailing address, if applicable: _____

(*Mailing address MAY BE A POST OFFICE BOX*) PO Box 20205, Charleston, SC 29413

2. The Florida document number of this limited liability company is: M22000002773

3. Jurisdiction of its organization: South Carolina

4. Date authorized to do business in Florida: 02/11/22

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Propel Clinical, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: _____

New Registered Office Address: _____
Enter Florida Street Address

_____, **Florida** _____
City *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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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

_____

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

_____

Title/ Capacity	Name	Address	Type of Action
_____	_____	_____	☐Add
		_____	☐Remove
_____	_____	_____	☐Add
		_____	☐Remove
_____	_____	_____	☐Add
		_____	☐Remove
_____	_____	_____	☐Add
		_____	☐Remove
_____	_____	_____	☐Add
		_____	☐Remove

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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Sam Jones

Signature of the authorized representative

Sam Jones

Typed or printed name of signee

Filing Fee: $25.00

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Jul 21 2025
REFERENCE ID: 1953244

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

Filing ID: 250721-1130044

Filing Date: 07/21/2025

STATE OF SOUTH CAROLINA

SECRETARY OF STATE

AMENDED ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY -DOMESTIC

Pursuant to the 1976 S.C. Code of Laws, as amended, Section 33-44-204(a), the undersigned limited liability company adopts the following amended articles of organization:

1. The name of the limited liability company is:

ChartJoy LLC

2. The date the articles of organization were filed is 01/05/2021.

3. The articles of organization are amended in the following respects, of which all amended provisions may lawfully be included in the articles of organization. If the space on this form is not sufficient, please attach additional sheets containing a reference to the appropriate paragraph on this form.

Amended Entity Name: Propel Clinical, LLC

Signature: Signed as Filer: Samantha DiGiorgio: (Electronically Signed)

Capacity/Position of Person Signing (you must check one box):

☒ Manager ☐ Member ☐ Organizer

☐ Fiduciary ☐ Attorney-in-Fact

Sam Jones

(Print or Type Name)

Date: 07/21/2025

Form Revised by South Carolina Secretary of State, August 2016
F0030

SC Secretary of State
Mark Hammond

Business Name: ChartJoy LLC

Signature Page for a Secretary of State Business Filing

ompleted, scanned, and attached to any business filing where one of the following is true.

y signs the digital form on behalf of official signee.

- An attorney's signature is required. (Articles of Incorporation for Corporation and Benefit Corporation)

Official Signatures

(Officer, Incorporator, Director, Agent, Partner, etc)

Required for forms where the signee is not present upon online submission and a filing party is providing a digital signing on their behalf. If the provided space is not enough, please attach multiple pages.

Sam Jones	7/18/2025
Name	Date
DocuSigned by: Sam Jones D8F158525787408	Chief Executive Officer and Manager
Signature	Title / Position
Name	Date
Signature	Title / Position
Name	Date
Signature	Title / Position
Name	Date
Signature	Title / Position
Name	Date
Signature	Title / Position

Scan and Upload this document to the Business Filing System during the filing process.
File must be PDF format.