

L110000 79144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

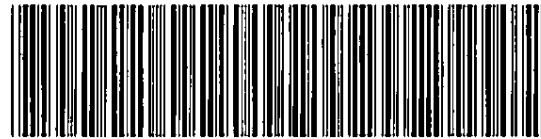
(Business Entity Name)

(Document Number)

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2020 FEB 18 PM 6:04

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C. GOLDEN

MAR 11 2020

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** HOLY TRINITY COMMUNITY MEDICAL CENTER LLC  
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:

KENNETH R. KRESGE  
Name of Person  
ABARE, KRESGE & ASSOCIATES CPAs  
Firm/Company  
1200 PLANTATION ISLAND DRIVE, SUITE 230  
Address  
ST AUGUSTINE FL 32080  
City/State and Zip Code  
KKRESGE@ABAREKRESGECPA.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KENNETH R KRESGE at ( 904 ) 460-0747  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

2020 FEB 18 PM 6:04

HOLY TRINITY COMMUNITY MEDICAL CENTER 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 07-11-2011 and assigned Florida document number L11000079144.

This amendment is submitted to amend the following:

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

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:

100 ARRICOLA AVENUE

**(Principal office address MUST BE A STREET ADDRESS)**

ST. AUGUSTINE, FL 32080

Enter new mailing address, if applicable:

100 ARRICOLA AVENUE

**(Mailing address MAY BE A POST OFFICE BOX)**

ST. AUGUSTINE, FL 32080

**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:

DAVID A. CULVER

New Registered Office Address:

100 ARRICOLA AVENUE

*Enter Florida street address*

ST. AUGUSTINE

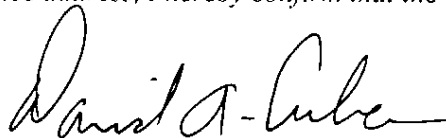
*City*

Florida 32080

*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

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>
MGR	ROY H. HINMAN II MD	100 ARRICOLA AVENUE	<input checked="" type="checkbox"/> Add
		ST. AUGUSTINE, FL 32080	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARCOS L RAMOS	4001 CONFEDERATE POINT ROAD	<input type="checkbox"/> Add
		SUITE 2	<input checked="" type="checkbox"/> Remove
		JACKSONVILLE, FL 32210	<input type="checkbox"/> Change
MGR	SHARON L ACEVEDO	4001 CONFEDERATE POINT ROAD	<input type="checkbox"/> Add
		SUITE 2	<input checked="" type="checkbox"/> Remove
		JACKSONVILLE, FL 32210	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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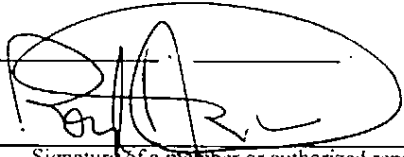
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**E. Effective date, if other than the date of filing:** 12-05-2019 (optional)  
*(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)*  
**Note:** 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.

Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

ROY H. HINMAN II MD

Typed or printed name of signee