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(Business Entity Name)

(Document Number)

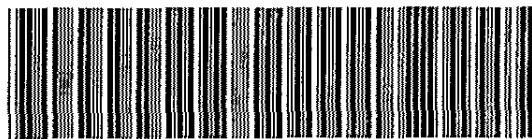
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STATE

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Young Comprehensive Family 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:

Latoya Young  
(Name of Person)

Trinity Family Medical Center  
(Firm/Company)

608 Gould  
(Address)

Eustis, FL 32726  
(City/State and Zip Code)

For further information concerning this matter, please call:

Latoya Young  
(Name of Person)

at ( 352 ) 357-1692  
(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)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

STUDY  
TALLAHASSEE, FL 32314

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Young Comprehensive Family Medical Center, LLC  
(Present Name)

(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on July 16, 2004 and assigned document number L04000052872

**SECOND:** The following amendment(s) to the Articles of Organization was/were adopted by the limited liability company:

name change of LLC to:

Trinity Family Medical Center, LLC

Dated March 29, 2005

Latoya Young  
Signature of a member or authorized representative of a member

Latoya Young

Typed or printed name of signer

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05 MAR 31 AM 11:29  
STATE OF FLORIDA  
TALLAHASSEE

Filing Fee: \$25.00