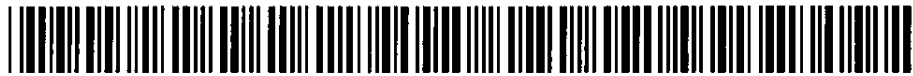


**L10000087293**

Florida Department of State  
Division of Corporations  
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**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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

From:  
Account Name : LEGALZOOM.COM INC.  
Account Number : 120010000062  
Phone : (323)962-8600  
Fax Number : (323)962-3889

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
TRINITY MEDICAL GROUP LLC**

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Certified Copy	1
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**D. BRUCE**

AUG 31 2010

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**EXAMINER**

**FAX COVER SHEET****TO****COMPANY****FAX NUMBER** 18506176383**FROM** Barbara Dang**DATE** 8/30/2010 10:20:46 AM PDT**RE** FL Amendment, LZ order # 8874798**COVER MESSAGE**

Barbara Dang | Special Filings Specialist  
323.962.8600 x217 | Fax 323.962.8300 |  
bdang@legalzoom.com<mailto:bdang@legalzoom.com>  
www.legalzoom.com<https://mail.apptix.net/owa/UrlBlockedError.aspx> | 7083  
Hollywood Blvd., Suite 180, Los Angeles, CA 90028

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: TRINITY MEDICAL GROUP 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:

Barbara Dang  
(Name of Person)

Legalzoom.com, Inc.  
(Firm/Company)

7083 Hollywood Blvd., Suite 180  
(Address)

Los Angeles, CA 90028  
(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Dang at ( 323 ) 962-8600  
(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  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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10 AUG 30 AM 9:55  
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TALLAHASSEE, FLORIDA

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

TRINITY MEDICAL GROUP 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 08/19/2010 and assigned Florida document number L10000087293.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

(Enter Florida street address)

\_\_\_\_\_  
(City) Florida

**FILED**  
**10 AUG 30 AM 10:21**  
**CLERK OF**  
**DEPARTMENT OF**  
**REVENUE**  
**ALLAHASSEE, FL**

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

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

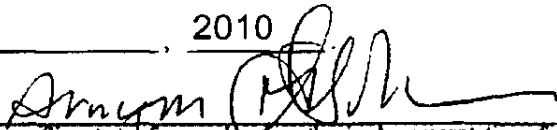
Article II. The street and mailing address of the limited liability company shall be:

2535 SQUAW CREEK, CLERMONT, FL 34711

Article V. The addresses of the managing members shall be:

2535 SQUAW CREEK, CLERMONT, FL 34711

Dated August 30, 2010

  
Signature of a member or authorized representative of a member

Arnym Padmore Solomon

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

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10 AUG 30 AM 9:55  
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TALLAHASSEE, FLORIDA