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JAN 30 2019

Amend

FILED

19 JAN 22 AM 10:34

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRUSTED HEALTHCARE ASSOCIATES, 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:

BENJAMIN MAHLER

Name of Person

TRUSTED HEALTHCARE ASSOCIATES, LLC.

Firm/Company

3350 NW BOCA RATON BLVD. SUITE A28

Address

BOCA RATON, FL 33431

City/State and Zip Code

Info@TrustedHealthAssociates.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BENJAMIN MAHLER 561 414-1955
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee
Check # 1066
- ☐ \$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

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

TRUSTED HEALTHCARE ASSOCIATES, 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 08/31/2018 and assigned
Florida document number L18000209631.

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:

(Principal office address MUST BE A STREET ADDRESS)

141 NW 20th Street

Suite G7

Boca Raton, FL 33431

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

141 NW 20th Street

Suite G7

Boca Raton, FL 33431

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:

Mike Rosen Enterprises, Inc.

New Registered Office Address:

150 East Palmetto Park Road S. Suite 800

Enter Florida street address

Boca Raton

Florida 33432

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.

Michael Rosen 
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	BENJAMIN MAHLER	3350 NW BOCA RATON BLVD.	<input type="checkbox"/> Add
		BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	NADER ATOUI	3350 NW BOCA RATON BLVD.	<input type="checkbox"/> Add
		BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Mike Rosen Enterprises, Inc.	150 East Palmetto Park Road S.	<input checked="" type="checkbox"/> Add
		Suite 800	<input type="checkbox"/> Remove
		Boca Raton, FL 33432	<input checked="" type="checkbox"/> Change
AMBR	Michael Rosen	150 East Palmetto Park Road S.	<input checked="" type="checkbox"/> Add
		Suite 800	<input type="checkbox"/> Remove
		Boca Raton, FL 33432	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

We want to do is remove the current 2 members on the documents and add the 2 new members as listed.

Also, want to update the location address as listed.

For additional information you can also contact Michael Rosen (the new MGR/AMBR) at 561-716-3703.



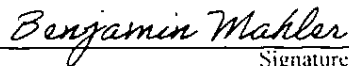
E. Effective date, if other than the date of filing: _____ (optional)

(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 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 January 18th, 2019



Signature of a member or authorized representative of a member

BENJAMIN MAHLER

Typed or printed name of signee