

118000235878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

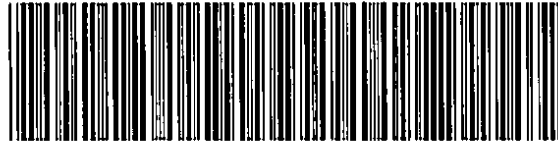
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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

K. SALY

NOV 28 2018

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Trinity Health Mind,Body,Spirit 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:

Shamona Hester

Name of Person

Trinity Health Mind,Body,Spirit LLC

Firm/Company

15711 Winder Lake Dr.

Address

Jacksonville FL 32218

City/State and Zip Code

trinitynetwork@gmail.com

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

For further information concerning this matter, please call:

Shamona Hester

Name of Person

at ( 904 )

Area Code

881-0483

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

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

FILED  
18 NOV -9 PM 8:30  
STATE  
TALLAHASSEE, FLORIDA

Trinity Health Mind, Body Spirit 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 10/04/2018 and assigned  
Florida document number L18000235878

This amendment is submitted to amend the following:

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

Trinity Health mind, Body & Spirit LLC

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)

3030 N. Rocky Point Dr.

STE 150A

Tampa FL 33607

15711 Winder  
Lake Dr.

Jacksonville FL 32218

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3030 N. Rocky Point Dr.

STE 150A

Tampa FL 33607

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:

Northwest Registered Agent, LLC.

New Registered Office Address:

3030 N. Rocky Point Dr. STE 150A

*Enter Florida street address*

Tampa

*City*

Florida 33607

*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>
CEO President	Shamona Hester	15711 Winder Lake Dr. Jacksonville FL 32218	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Vice President	LaTacha O'Neal	(same)	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE FLORIDA  
SEAL OF THE  
STATE OF FLORIDA

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

please ensure I am listed as  
the officer of detail. The principal  
address is 15711 Winder Lake Dr. Jacksonville  
FL 32218

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TALLAHASSEE

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

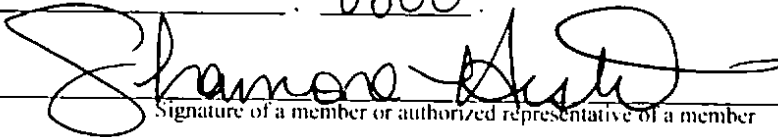
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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 10/4/18 . 0800 .

  
Signature of a member or authorized representative of a member

Shamona Nester

Typed or printed name of signee