

L20 0000 74418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800357492018

01/08/21--01015--013 **25.00

FILED
2021 JAN -8 PM 12:10

2/16/21
[Signature]

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TRINITY COMMUNITY HEALTH 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:

JEAN CLAUDE MEDINA

Name of Person

TRINITY COMMUNITY HEALTH CENTER, LLC

Firm/Company

2296 SW 166 AVE

Address

MIRAMAR, FL 33027

City/State and Zip Code

ARCHMEDJEC@YAHOO.COM

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

For further information concerning this matter, please call:

JEAN CLAUDE MEDINA

786 234-2519
at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Madeline Jean Christ
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 | JEAN CLAUDE MEDINA | 2296 SW 166 AVE | <input checked="" type="checkbox"/> Add |
| | | MIRAMAR, FL 33027 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| CEO | JEAN BERTRAND MEROZIER | 4683 SW 127 TER | <input checked="" type="checkbox"/> Add |
| | | MIRAMAR, FL 33027 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | MARIE, ERNEST G, RN | 16225 SW 19 TH STREET | <input checked="" type="checkbox"/> Add |
| | | MIRAMAR, FL 33027 | <input checked="" type="checkbox"/> Remove |
| | | | <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 |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

2027 JAN 13 PM 2:10
FILED

FILED
2021 JAN -8 PM 12:10

FILED
2021 JAN -8 PM 12:10

(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)

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

12/29/2020

Signature of a member or authorized representative of a member

JEAN CLAUDE MEDINA

Typed or printed name of signee

Filing Fee: \$25.00