L20 0000 74418

(Ke	questor's Name)		
	dress)		
<i>(, , a</i>	4.000)		
(Ad	dress)		
•	,		
(Cit	ty/State/Zip/Phone	#)	
- DICK HD	□ MAIT	□ 	
☐ PICK-UP	MAIT	MAIL	
(Bu	siness Entity Nam	e)	
			
(Do	cument Number)		
Cartified Casins	Codificatos	of Chabus	
Certified Copies Certificates of Status			
Ţ .			
Special Instructions to	Filing Officer:		
]			
Į			
Ì			
ĺ			
l			





800357492018

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

FILED 2021 JAH-8 PHI2: 10

2/16/21

COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

	COMMUNITY HEALTH CEN	TER, LLC	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JEAN CLAUDE MEDINA		
	Name of Limited Liability Company losed Articles of Amendment and fee(s) are submitted for filing. eturn all correspondence concerning this matter to the following: JEAN CLAUDE MEDINA		
	TRINITY COMMUNITY	HEALTH CENTER, LLC	
		Firm/Company	
	2296 SW 166 AVE		
		Address	
	MIRAMAR, FL 33027		
	 	City/State and Zip Code	
		Name of Limited Liability Company Inent and fee(s) are submitted for filing. Inent and fee(s) are submitted	
•	E-mail address: (to be used for future annual report no	tification) -
For further information	concerning this matter, please ca	all:	
JEAN CLAUDE MEDI	NA		
Name	of Person		me Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
<u>Mailing Addre</u> Registration		Street Address: Registration S	ection
•	Corporations	Division of Co	
P.O. Box 63		The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRINITY COMMUNITY HEALTH CENTER, LLC

(Name of the Limit	ted Liability Compa (A Florida Limited	any as it now appears on Liability Company)	our records.)
The Articles of Organization for this Limited L Florida document number L20000074418	iability Company	were filed on $\frac{03/06/2}{}$	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	oility company here:	
he new name must be distinguishable and contain the v	vords "Limited Liabi	ility Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		3156 S UNIVERSIT	'Y DR
Principal office address MUST BE A STREET ADDRESS		MIRAMAR, FL 330	25
Enter new mailing address, if applicable:			2021 JAN
Mailing address MAY BE A POST OFFICE BOX)			- CO [
 If amending the registered agent and/or regent and/or the new registered office addresses 		address on our recor	ds, enter the name of the new register
Name of New Registered Agent:	JEAN CLAUD	E MEDINA	
New Registered Office Address:	2296 SW 166 A		
		Enter Florida si	treet address
	MIRAMAR		, Florida 33027
		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.

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>	Address	Type of Action
CEO	JEAN CLAUDE MEDINA	2296 SW 166 AVE	
		MIRAMAR, FL 33027	Remove
			Change
CEO	JEAN BERTRAND MEROZIER	4683 SW 127 TER	■Add
		MIRAMAR, FL 33027	□Remove
			Change
MGR	MARIE, ERNEST G, RN	16225 SW 19 TH STREET	E TI
		MIRAMAR, FL 33027	₽ Emove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change

								
					_ 			
				<u></u>				
			<u>-</u> -		· · · · · · · · · · · · · · · · · · ·			
				<u> </u>				
 -								
							_	
						·-·		
								
				<u> </u>			202	
						,	Z = T	3
					·	:	ئے۔ ۔۔۔ ص ا	<u>.'</u>
								7
							=¥ € -5 —	ر
							: 10	
						<u> </u>		•
Effective date, if fan effective date is Note: If the date is document's effecti	listed, the date must inserted in this blo	be specific and ca ock does not mee	unnot be prior to et the applicat	date of filing or ole statutory fil	more than 90 days	optional) after filing.) Pu , this date will	suant to 605 not be list	5.0201 ted as
e record specifies a rd is filed.	a delayed effective	e date, but not ar	effective tim	ie, at 12:01 a.n	. on the earlier o	f: (b) The 90	th day afte	r the
Dated/	2/29/	2020.	<u> </u>	P/1	10			
_		1 Julian.	<u> </u>		18/1/2			
		Signature of a me	mber or author	ized representati	ve of a member			

.