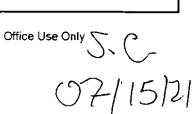
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SURJE		HEALTH ACADEMY LLC			•		
301301	<u></u>	Name of Lir	nited Liability Company				
The en	closed Articles of	Amendment and fee(s) are sul	emitted for filing.				
Please	return all correspo	ondence concerning this matter	to the following:				
		STELLA ABIEDU ABAA	ABA				
			Name of Person		.		
	Division of Corporations TRINITY HEALTH ACADEMY LLC Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. see return all correspondence concerning this matter to the following: STELLA ABIEDU ABAABA Name of Person TRINITY HEALTH ACADEMY Firm/Company 3521 W BROWARD BLVD. FORT LAUDADALE, SUIT # 207 Address						
	Division of Corporations TRINITY HEALTH ACADEMY LLC 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: STELLA ABIEDU ABAABA Name of Person TRINITY HEALTH ACADEMY Firm/Company 3521 W BROWARD BLVD. FORT LAUDADALE. SUIT # 207 Address LAUDERHILLFLORIDA 33312 Giy/Note and Zip Code AJIKIS@ HOTMAIL.COM E-mail address: (to be used for future annual report notification) are information concerning this matter, please call: A ABIEDU ABAABA Name of Person A Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Street Address:						
		3521 W BROWARD BLA	D. FORT LAUDADALE	E, SUIT # 207			
			Address				
		LAUDERHILL.FLORIDA	X 33312			F 1	(1) (1)
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	Name o	f Person	Area Code	Daytime Telep	phone Number	2u 	
Enclose	d is a check for th	ne following amount:					
■ \$25	6.00 Filing Fee	•	Certified Copy		Certificate of Certified Cop	7071 .:-11 lu A II: 2lı Gee. Status &	
			<u>Street Ad</u> Registra	ldress: ation Section			

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRINITY HEALTH ACADEMY			
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited I Florida document number L21000239940	Liability Company	wwere filed on <u>5/24/2021</u>	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liat	pility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		N/A	
		N/A	
	· · · · · · · · · · · · · · · · · · ·	N/A	
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE	BOX)	N/A	<u> </u>
		N/A	0.
B. If amending the registered agent and/or in a second and/or in a second agent and/or the new registered office addre	registered office : ss_here:	address on our records, enter the nam	e of the new registered
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		= .7
		Enter Florida street address	24
	N/A	, Florida ^{N/}	<u> </u>

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.

City

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
MGR	STELLA ABIEDU ABAABA	10008 RANDALESTOWN EN, JACKSINVILLE, FL 32256	= Add
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			🗆 Change
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Fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of ote: If the date inserted in this block does not meet the applicable state ocument's effective date on the Department of State's records.	(optional) of filing or more than 90 days after filing.) Pursuant to 605.0 atutory filing requirements, this date will not be listed	020 d a
record specifies a delayed effective date, but not an effective time, at is filed.	12:01 a.m. on the earlier of: (b) The 90th day after	the
$\frac{6821}{}$		
Signature of a member or authorized re	na and a state of the state of	

Filing Fee: \$25.00