LU000281654

_	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	•
	(Document Number)
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Special Instructions to	Filing Officer:

Office Use Only

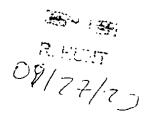


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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Bett Heinity Dur Since ILC Name of Limited Liaberty Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Bethsaida Delva Name of Person	
Betytrinitynursing limited liability Company	!
505 Deltona Blud ste 105	
Deltona FL 32725 City/State and Zip Code	
bethtrinitynursing a angul com E-mail address: (to be used for Juture annual report notification)	
For further information concerning this matter, please call:	
Beth Saida Delug at (954) (18-7823 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
S25.00 Filing Fee \$\times \text{\$30.00 Filing Fee & Gertificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\text{\$60.00 Filing Fee, Certified of Status} \text{Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{\$\text{\$}}}\$	
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bethtrinity Nursing Limited Liability Company (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Florida Limited	Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000281654</u> .	were filed on $\frac{6 17 3 }{}$ and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
Bethtinity Nursing L.L.C. The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	505 Deltona Blu ste 105		
(Principal office address MUST BE A STREET ADDRESS)	Deltona, Fl 32725		
	SS 7		
	27	•	
Enter new mailing address, if applicable:		 ;	
(Mailing address MAY BE A POST OFFICE BOX)		:	
		•	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the name of the new registere</u>	<u>ed</u>	
New Registered Office Address:			
	Enter Florida street address		
<u></u>	, Florida		
	City Zip Code		
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is	e	

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 =	Ma	ına	ger
		_	_

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
		-	□Add
			□Remove
			□ Change St. Pdd St. Pdd 7 Pp Remove 2.
			Rēmove),
			□ CRange
			□Add
			□Remove
			□Change
			□ Remove
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			□Remove
			□Ch

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(If an effective date Note: If the date	if other than the date of filing:	
he record specifies ord is filed.	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The	90th day after the
Dated Sept	tember 20th 2023.	
	\mathcal{A}	
,,	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00