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To:

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# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TRINITY SIKSE CARE LLC

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K. SALY JUL 17 2024 Registration Section

From: Michael Metheny

TO:

## **COVER LETTER**

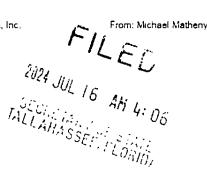
Divisio	on of Corp	porations					
TI SUBJECT:	TRINITY SIKSE CARE LLC						
SUBJECT	Name of Limited Liability Company						
The enclosed A	rticles of a	Amendment and fec(s) are sub	mitted for filing.				
Please return all	l correspoi	ndence concerning this matter	to the following:				
		Cheyenne Moseley					
			Name of Person	- 47147 - 3 - 192 W - 7			
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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

#### **T**a:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



TRINITY SIKSE CARE 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 05/11/2022 and assigned Florida document number L22000220851 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address:

## 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 Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

\_\_\_, Florida \_\_\_\_\_ Zip Code 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
AMBR	Magalie Theodore	3115 Carlotta Rd. Middleburg, FL 32068	
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			Change
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