

L22000356740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

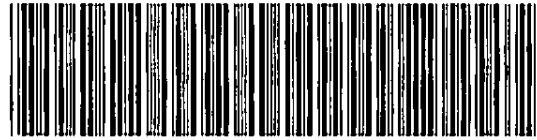
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 SEP 15 PM 1:48

2022 SEP 15 PM 1:48

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DEC 28 2022

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Trimarr Health Solutions, LLC

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

2022 SEP 15 PM 4:49
us. 1
STATE

The Articles of Organization for this Limited Liability Company were filed on August 5, 2022 and assigned
Florida document number 122000356740.

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 "L.L.C."

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:

Enter Florida street address

_____, Florida _____
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>	<u>Address</u>	<u>Type of Action</u>
MGR/AMBR	Steven Marrocco	103 Half Moon Circle, # E-1	<input type="checkbox"/> Add
		Hypoluxo, FL 33462	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR/AMBR	Trimerr Health Solutions, LLC Irrevocable Trust Agreement	103 Half Moon Circle, # E-1	<input checked="" type="checkbox"/> Add
		Hypoluxo, FL 33462	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 September 8th, 2022.

Signature of a member or authorized representative of a member

Steven M. MIRRUCCO Trustee
Typed or printed name of signer

Filing Fee: \$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 8, 2022

JOSEPH M LEE, ESQ
1601 BELVEDERE RD
#500-S
WEST PALM BEACH, FL 33406

SUBJECT: TRIMARR HEALTH SOLUTIONS, LLC
Ref. Number: L22000356740

We have received your document for TRIMARR HEALTH SOLUTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own manager or managing member. Please designate an individual or another business entity as your manager(s) or managing member(s). We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Michael A Hall
OPS Clerk

Letter Number: 022A00027301