L22000433466

(Re	questor's Name)	- -
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	J DENITIO	
	SEP 13 2023	
	. 4 - 2000	





500415614945

FILED

RECEIVED

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

	AMENDMENT	
	ГО	^
	ORGANIZATION	2023 02 1/1/50
•	OF	SED 15
150 W. H. M 11 G.		METAD AND
Hill Wealth Management LLC		- 1/1, 1/1 OF 2 96
(<u>Name of the Limited Liability Com</u> (A Florida Limited	Liability Company)	2023 SEP 15 AH 9: 06
The Articles of Organization for this Limited Liability Compan	y were filed on 2022-10-07	がた。 and assigned
Florida document number L22000433466	, <u></u>	-
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Trilogy Healthcare Solutions LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility Company." the designation "LI	LC" 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, <u>ent</u>	er 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 addr	ress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my duties, provided for in Chapter 605	and I am familiar with and 5, F.S. Or, if this document is

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	
$\Delta MRR =$	Anthorized	Membe

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
		·	□Add
			□Remove
			□Change
			□Add
			Remove
			☐Change
			□Add
			Remove
			□ Change
			□Add
		□Remove	
			□Change
			□Add
		□Remove	
			□Change
			□Add
			□Remove
			□Change

			- +	
-			·	
			-	
			-	
•		- <u> </u>		
	_		 	
	 .	<u> </u>		
		<u></u>		
				··
Effective date, if other than the date (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depart	does not meet the appli	cable statutory filing	(optional) re than 90 days after filing requirements, this date	.) Pursuant to 605.0207 (3) will not be listed as the
he record specifies a delayed effective da ord is filed.	ite, but not an effective	time, at 12:01 a.m. o	n the earlier of: (b) Th	e 90th day after the
Dated June 29	2023	·		
/s/ Joshua Hi	i11			
Sig	nature of a member or aut	horized representative of	of a member	
Joshua Hill				

• • • • • • •

Filing Fee: \$25.00