L2200450388

(Requestor's Name)
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PICK-UP WAIT MAIL
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Special Instructions to Filing Officer:
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COVER LETTER

	ion Section of Corporations		,
SUBJECT:	Trident Healthcare 1	_LC	
	Name of Lim	ited Liability Company	
The enclosed Artic	les of Amendment and fee(s) are sub	mitted for tiling.	
Please return all co	rrespondence concerning this matter	to the following:	
		Jennifer Huling	
		Name of Person	
		Tennex Tax Solutions	
		Firm/Company	
	120.	S US Hwy I	
		Address	
	Se	bastian, FL 32958	
	innofiae	City/State and Zip Code @tennextaxsolutions.com	
	·	to be used for future annual report notifi	cation)
For further informa	tion concerning this matter, please ca	all:	
Тата	ra Edelstein	at (321)508-2343	
Ν	lame of Person	Area Code Daytime	Telephone Number
Enclosed is a check	for the following amount:		
S25.00 Filing I	Fee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)
Mailing A	ddress:	Street Address:	(17) (17) (17)

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Undent Healthcare, LLC	•		
(Name of the Limited Liability Compa (A Florida Limited I	<u>iny as it ποw appears α</u> Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Compan	y were filed on	10/19/2022	and assigned
Florida document number <u>L22000450388</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here	:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the desi	gnation "LLC" or the ab	obreviation "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 agent and/or the new registered office address here:	address on our reco	ords, <u>enter the nan</u>	ne of the new register
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:	 Enter Floride	a street address	
		, Florida	
	City	,, = =============================	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>		/ 3
hereby accept the appointment as registered agent and agr	ee to act in this ca	pacity. I further ag	, ,

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>	Address	Type of Action
AMBR	Thomas Snider	1034 Cheyenne Błvd	XAdd
		Indian Harbor Beach, FL 32937	□Remove
			□Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
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fective date, if other than the date of filing: (optional) (opti				
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