## L23 000 021 314

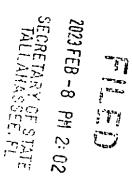
(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:





300402198563

02/08/25--61009--01: \*\*.5.40



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Trauma Educators, 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 <sup>January 10, 2023</sup> and assigned Florida document number <u>L230000</u>21384 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." 28404 Vieux Carre Enter new principal offices address, if applicable: Yulee, Florida 32097 (Principal office address MUST BE A STREET ADDRESS) 28404 Vieux Carre Enter new mailing address, if applicable: Yulee, Florida 32097 (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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_, Florida \_

## 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 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>	Type of Action
MGR	Jessica Alea	28404 Bieux Vieux Carre	□Add
		Yulee, Florida 32097	■ Remove
		···	Change
MGR	Kenneth Alea	28404 Bieux Vieux Carre	□Add
		Yulee, Florida 32097	■Remove
			□Change
MGR	Proverbs 31 Holdings, LLC	28404 Vieux Carre	∽ <b>≋</b> Add
		Yulee, Florida 32097	SECRE IN SECRETARIA SE
			ASS STORY
			STATE SAND
			□Remove
			Change
			□Add
		<del></del>	Remove
			☐ Change
			🗖 Add
			□ Remove
			□ Change

			<del></del>
1841			
-			
		SEC.	2023
<del></del>		L R	
		TAR AH!	_ CO
		SSE SSE SSE SSE SSE SSE SSE SSE SSE SSE	
. <del>-</del>		in or	N C
		TAIE	<del>.</del>
-			
Effective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this be document's effective date on the I	ist be specific and cannot be prior to date of fil lock does not meet the applicable statute	(optional) ing or more than 90 days after filing.) Pursua ory filing requirements, this date will no	ant to 605.0207 ( of be listed as t
record specifies a delayed effection of the distribution of the di	ve date, but not an effective time, at 12:0	H a.m. on the earlier of: (b) The 90th	day after the
12h.,	. 2023		
Feburary 3 Dated			
Pated Hourary 3	Signature of a member of authorized repres	sentative of a member	

Filing Fee: \$25.00