## L 23000301585

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## **COVER LETTER**

Division of Corp	EALTH SERVICES LLC				
UBJECT:					
	Name of Limi	ited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
lease return all correspon	ndence concerning this matter	to the following:			
	TIFFANY SHERRIFF				
	_	Name of Person			
		Firm/Company			
	123 SE 46TH TER				
		Address	<del></del>		
	CAPE CORAL, FLORIDA 33904				
	City/State and Zip Code dazeez66@gmail.com				
	E-mail address: (	to be used for future annual report notif	ication)		
For further information co	oncerning this matter, please ca	all:			
DAVID AZEEZ		313 801-5865 at ( )			
Name of		Area Code Daytime	e Telephone Number		
Enclosed is a check for th	e following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed		

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

Street Address:
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

TRINITY HEALTH SERVICES 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 JUNE 22,2023 and assigned Florida document number 1.23000301585 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: TRINITY MOBILE HYDRATION LLC 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: Enter Florida street 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

. Florida \_

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
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		<del></del>	□Remove
			□Change
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Filing Fee: \$25.00