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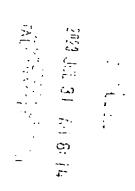
Office Use Only

A. RIVERS AUG 2 2 2023



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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUDJECT.	TRINITY PRIM	IARY HEALTHCARE WEL	LNESS LLC
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		MELONNE PIERRE	
		Name of Person	
	TRINITY PI	RIMARY HEALTH & WELL	LNESS LLC
		Firm/Company	
		1384 SEAVIEW DRIVE	
	Address		
	NO	RTH LAUDERDALE, FL 33	068
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
		PIERREMJ419@GMAIL.CO)M
	E-mail address: (to be used for future annual repo	ort notification)
For further information of	oncerning this matter, please c	all:	
MELONNE	PIERRE	954 at ()	470-9732 Daytime Telephone Number
Name o	f Person	Area Code D	Daytime Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fce	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Addre	
Registration S Division of C		Registratio Division of	n Section f Corporations
P.O. Box 632	•		of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRINITY PRIMARY HEALTHCARE WELLNESS LLC

(Name of the Limited Liability Come (A Florida Limited	nany as it now appears on a Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Compan	y were filed on	07/20/2023	ia	nd assigned
Florida document number L23000343030				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
TRINITY PRIMARY HEALTH & V	WELLNESS LLC			
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation	ation "LLC" or th	e abbreviat	ion "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)	· · · · · · · · · · · · · · · · · · ·			
Minning names MAT BE AT OST OFFICE BOA				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our record	ls, enter the n	ame of th	e new register
New Registered Office Address:	r . r		> ;;,	<u> </u>
	Enter Florida sti	rees aaaress	. <u> </u>	<u> </u>
		, Florida	- Zip	<u> </u>
	City		- Zip	
New Registered Agent's Signature, if changing Registered Agent			<u> </u>	<u>~</u> . ₩
I hereby accept the appointment as registered agent and ag	ree to act in this capa	luties, and I a	m familid	comply with th or with and 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	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Change
			□Add
			· □Change
			□Add
			Change
			□Remove
			□Change
			\ _Add
			Псточе
			□Change
			□Add
			Петоче
			∏Cha-

FROM:	TRINITY PRIMARY HEAL	THCARE WELLNESS LLC	
TO: TRII	IITY PRIMARY HEALTH	& WELLNESS LLC	
AMEND	NG BUSINESS EMAIL		
FROM: P	IERREMJ@GMAIL.COM		
TO: PIE	RREMJ41@GMAIL.COM		
-			
-			
		· · · · · · · · · · · · · · · · · · ·	
ffective date If the date		fic and cannot be prior to date of filing or more than 90 days after fil not meet the applicable statutory filing requirements, this d	ing.) Pursuant to 605.02
ord specific filed.	s a delayed effective date, bu	at not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day after th
i	JULY 25,	2023	
	//	10th and their	

Filing Fee: \$25.00