

L24000340004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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FILED  
2024 SEP -4 PM 12:39  
FBI/DOJ

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Trinity Therapy Fl, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kipp Roberts
Name of Person
Trinity Therapy FL, LLC
Firm/Company
4934 NE 123rd Lane
Address
Oxford, FL 33484
City/State and Zip Code
Trinitytherapyfl@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Judy Brennan 847 380-1776  
 \_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
 Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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**

FILED  
2024 SEP -4 PM 12:39  
FBI

\_\_\_\_\_  
(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 08-01-24 and assigned  
Florida document number L24000340004

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 "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, 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*

\_\_\_\_\_, Florida

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*Zip Code*

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.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

**MGR = Manager**  
**AMBR = Authorized Member**

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August 26, 2024

Signature of a member

Signature of a member or authorized representative of a member

Kipp A Roberts

Typed or printed name of signee

**Filing Fee: \$25.00**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Trinity Therapy FL, LLC

\_\_\_\_\_  
Name of Limited Liability Company

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Please return all correspondence concerning this matter to the following:

Kipp Roberts

\_\_\_\_\_  
Name of Person

Trinity Therapy FL, LLC

\_\_\_\_\_  
Firm/Company

4934 NE 123rd Lane

\_\_\_\_\_  
Address

Oxford, FL 33484

\_\_\_\_\_  
City/State and Zip Code

Trinitytherapyfl@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jody Berman

847

380-1776

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

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☐ \$55.00 Filing Fee &  
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(additional copy is enclosed)

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**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**

FILED  
2024 SEP -4 PM 12:20  
CLERK OF CIRCUIT COURT  
FLORIDA  
ST. JOHNS COUNTY

\_\_\_\_\_  
(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 08-01-2024 and assigned  
Florida document number 2400030004

This amendment is submitted to amend the following:

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(Principal office address MUST BE A STREET ADDRESS) \_\_\_\_\_  
\_\_\_\_\_

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(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_  
\_\_\_\_\_

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New Registered Office Address: \_\_\_\_\_

\_\_\_\_\_  
*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
*City Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

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If Changing Registered Agent, Signature of New Registered Agent

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Signature of a member

Kipp A Roberts

**Filing Fee: \$25.00**