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(Re	questor's Nam	e)
(Ad	dress)	
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(Cit	y/State/Zip/Pho	one #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity N	ame)
(Do	cument Numbe	er)
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		J. HUKNE
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# **COVER LETTER**

	Registration Se Division of Cor			
CUDIEC		erapy Fl, LLC		
SUBJEC	T: ,		ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	ondence 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	<del></del>
		Trinitytherapyfl@gmail.com		
		E-mail address: (	to be used for future annual report noti	fication)
For furthe	er information c	oncerning this matter, please c	all:	
Jody Ber	חמווד		847 380-1776	
	Name o	f Person		e Telephone Number
Enclosed	is a check for th	ne following amount:		
☐ \$25.0	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 Addres Registration S		<u>Street Address:</u> Registration Se	ction
	Registration 3 Division of C		Division of Cor	
	P.O. Box 632	.7	The Centre of T	allahassee
	Tallahassee, 1	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 SEP-4 PM 12:39

(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 and assigned Florida document number LAU 000 340Y 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

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 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	Clinton Kincannon	16388 SE 117th Ave	□Add
		Weirsdale, FL 32195	Remove
			EChange
·			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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ffective date, if other t	han the date of fili	ng:		(optional)	
	e date must be specific a	ind cannot be prior to da	te of filing or more than	i 90 days after filing.) Pi	irsuant to 605.020 Il not be listed a
an effective date is listed, th			sandany ming requi	remema, time wite wi	ii iiii tee iiiioti t
an effective date is listed, th ote: If the date inserted					
an effective date is listed, th ote: If the date inserted					
an effective date is listed, the ote: If the date inserted ocument's effective date	d effective date, but no	ot an effective time,	at 12:01 a.m. on the	earlier of: (b) The 9	0th day after the
an effective date is listed, the ote: If the date inserted becument's effective date record specifies a delaye	d effective date, but no	ot an effective time,	at 12:01 a.m. on the	earlier of: (b) The 9	0th day after the
an effective date is listed, the ote: If the date inserted ocument's effective date record specifies a delayet is filed.	d effective date, but no		at 12:01 a.m. on the	earlier of: (b) The 9	Oth day after the
an effective date is listed, the date inserted ocument's effective date record specifies a delayet is filed.	d effective date, but no	2024	at 12:01 a.m. on the	earlier of: (b) The 9	0th day after the
an effective date is listed, the date inserted ocument's effective date record specifies a delayet is filed.	d effective date, but no		at 12:01 a.m. on the	earlier of: (b) The 9	0th day after the
an effective date is listed, the ote: If the date inserted ocument's effective date record specifies a delayet is filed.	2 W. h.	, <u>2024</u> ,			Oth day after the
an effective date is listed, the lote: If the date inserted becoment's effective date record specifies a delayed is filed.  August 26.	2 W. h.				Oth day after the

# **COVER LETTER**

	Registration Se Division of Cor			
SUBJEC		rapy Fl, LLC		
	-l:	Name of Lim	ited Liability Company	
The encl	nsed Articles of	Amendment and fee(s) are sub	omitted for filing	
		indence concerning this matter	<del>-</del>	
		Kipp Roberts		
			Name of Person	<del></del>
		Trinity Therapy FL, LLC		
		<del></del>	Firm/Company	
		4934 NE 123rd Lane		
		-	Address	<del></del>
		Oxford, FL 33484		
		·	City/State and Zip Code	<del></del>
		Trinitytherapyfl@gmail.com		
		E-mail address: (	to be used for future annual report not	ification)
For furth	er information c	oncerning this matter, please c	all:	
Jody Be	rman		847 380-1776	
	Name o	f Person		ne Telephone Number
Enclosed	is a check for th	ne following amount:		
<b>□ \$25</b> .0	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 Addres Registration S		Street Address: Registration Se	ection
	Division of C		Division of Co	
	P.O. Box 632		The Centre of	
	Tallahassee, F	·L 52314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 SEP 4 PM 12: 20

(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 <del>OS</del> -	<del>61-2021</del>	and assigned
Florida document number LA40030004			
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 Liabi	lity Company," the designation	on "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:	<del></del> -		
(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 records.	enter the name of	the new registered
Name of New Registered Agent:		<u></u>	
New Registered Office Address:			
	Enter Florula stree	t address	
		, Florida	in Code
New Registered Agent's Signature, if changing Registered Agent;	City	2.	tp Coue
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duo provided for in Chapter	ties, and I am famion 605, F.S. Or. if th	liar with and is document is
If Char	nging Registered Agent, <u>Sig</u> t	nature of New Register	red 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>	<u>Address</u>	Type of Action
MGR	Clinton Kincannon	16388 SE 117th Ave	
		Weirsdale, FL 32195	□Remove
			☐ Change
			□Remove
			□Change
		· · · · · · · · · · · · · · · · · · ·	□ Add
		<del></del>	□Remove
			□ Change
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			Remove
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			□Remove
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	<del></del>		CiAdd
			□Remove
			Change

. If amending any other informat	ion, enter change(s) here:	(Attach additional sheets, i	f necessary.)
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Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and cannot be prior to a ck does not meet the applicable	date of filing or more than 90 day	(optional) s after filing.) Pursuant to 605.0207 (3 ts, this date will not be listed as th
the record specifies a delayed effective ford is filed.	date, but not an effective time	e, at 12:01 a.m. on the earlier	of: (b) The 90th day after the
August 26,	2024		
3/100 (1)	Signature of a member or authoriz	ed representative of a member	
		- apresentative of a memori	
Kipp A Roberts	Typed or printed r	name of signey	