

P20000043832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

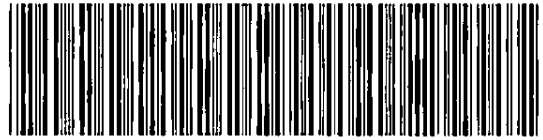
(Document Number)

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12/11/21--01020--024 \*\*52.00

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2023 DEC 11 AM 7:21  
STATE  
FL

AD

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Trinity #2 Independent Living Care Corp

DOCUMENT NUMBER: P20000043832

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Yvronic Justin Termilien

Name of Contact Person

Firm/ Company

8321 Village Green RD

Address

Orlando, FL 32818

City/ State and Zip Code

yvronic05@gmail.com

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

For further information concerning this matter, please call:

Yvronic J Termilien

Name of Contact Person

at ( 321 )

460-8125

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|--|---|---|

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

Trinity #2 Independent Living Care Corp

FILED

(Name of Corporation as currently filed with the Florida Dept. of State)

P20000043832

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

Trinity #2 Assisted Living Facility INC

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

**B. Enter new principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

NO

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

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

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

**Check if applicable**

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change                      PT      John Doe

X Remove                      V      Mike Jones

X Add                              SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____

**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

None

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

None

10/15/2023

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

10/15/2023

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

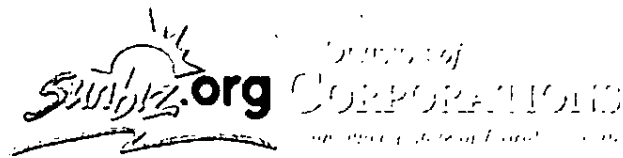
by \_\_\_\_\_  
(voting group)

Dated 12/5/2023

Signature Yvonne Justin Termilien  
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Yvonne Justin Termilien  
(Typed or printed name of person signing)

President  
(Title of person signing)



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## Detail by Entity Name

Florida Profit Corporation

TRINITY #2 INDEPENDENT LIVING CARE CORP.

### Filing Information

**Document Number** P20000043832  
**FEI/EIN Number** APPLIED FOR  
**Date Filed** 06/10/2020  
**Effective Date** 06/10/2020  
**State** FL  
**Status** ACTIVE  
**Last Event** REINSTATEMENT  
**Event Date Filed** 11/15/2023

### Principal Address

8321 Village Green Rd  
ORLANDO, FL., FL 32818

Changed: 11/15/2023

### Mailing Address

8321 Village Green Rd  
ORLANDO, FL., FL 32818

Changed: 11/15/2023

### Registered Agent Name & Address

Termilien, YVRONIE Justin  
7344 COUNTRY RUN PARKWAY  
ORLANDO, FL 32818

Name Changed: 11/15/2023

### Officer/Director Detail

#### **Name & Address**

Title P.

Termilien, Yvronie Justin  
7344 COUNTRY RUN PARKWAY  
ORLANDO, FL 32818

Title VP

JUSTIN, KARLSON  
7344 COUNTRY RUN PARKWAY  
ORLANDO, FL 32818

Title S

DOMOND, JANIE  
7344 COUNTRY RUN PARKWAY  
ORLANDO, FL 32818

**Annual Reports**

<b>Report Year</b>	<b>Filed Date</b>
2021	11/15/2023
2022	11/15/2023
2023	11/15/2023

**Document Images**

11/15/2023 -- REINSTATEMENT [View image in PDF format](#)

06/10/2020 -- Domestic Proti [View image in PDF format](#)





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 3, 2024

YVRONIE JUSTIN TERMILIEEN  
8321 VILLAGE GREEN RD  
ORLANDO, FL 32818

SUBJECT: TRINITY #2 INDEPENDENT LIVING CARE.CORP.  
Ref. Number: P20000043832

We have received your document for TRINITY #2 INDEPENDENT LIVING CARE.CORP. and your check(s) totaling \$52.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

MS. Termilien are you filing a new entity?

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler  
Regulatory Specialist II

Letter Number: 724A00000028