

L2000080911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

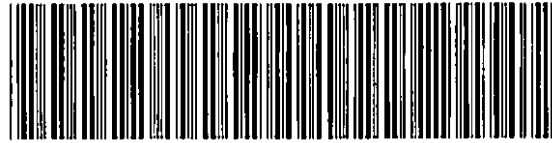
(Business Entity Name)

(Document Number)

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THOMSON

*[Handwritten signature]*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TROY GROUP INSURANCE 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.

Kerim Urkun

Name of Person

TROY GROUP INSURANCE LLC

Firm/Company

1732 S CONGRESS AVE SUITE 295

Address

PALM SPRINGS, FL 33461

City/State and Zip Code

kerim@troygroupinsurance.com

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

For further information concerning this matter, please call:

Kerim Urkun

561

562.0562

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

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

TROY GROUP INSURANCE 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 03/12/2020 and assigned  
Florida document number 1.20000080911.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

TROY GROUP INSURANCE LLC

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)

Kerim Urkun

1732 S CONGRESS AVE SUITE 295

PALM SPRINGS, FL 33461

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:

Kerim Urkun

New Registered Office Address:

1732 S CONGRESS AVE SUITE 295

*Enter Florida street address*

Palm Springs

*City*

Florida 33461

*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.*

*Kerim Urkun*

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Bel, Gokmen	Please Remove	<input type="checkbox"/> Add
		340 ORANGE TREE DRIVE APT 1A	<input checked="" type="checkbox"/> Remove
		ATLANTIS, FL 33462	<input type="checkbox"/> Change
MGR	Toplusoy, Bugra	Please Remove	<input type="checkbox"/> Add
		6109 INDIAN FOREST CIRCLE	<input checked="" type="checkbox"/> Remove
		LAKE WORTH, FL 33463	<input type="checkbox"/> Change
AMBR	Urkun, Kerim	Please Add	<input checked="" type="checkbox"/> Add
		1732 S CONGRESS AVE SUITE 295	<input type="checkbox"/> Remove
		Palm Springs Florida 33461	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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CLERK OF SUPERIOR COURT

E. Effective date, if other than the date of filing: 07/07/2022 (optional)

(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)

**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.

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 07/07/2022

*Kerim Urkun*

Signature of a member or authorized representative of a member

Kerim Urkun

Typed or printed name of signee

Filing Fee: \$25.00