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COVER LETTER

TO: Registration Division of C			
Unlimited	i Trade LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Orlando Gamarra CPA		
		Name of Person	
	Gamarra & Associates, LL	С	
		Firm/Company	
	200 S. Park Road Ste 301		
		Address	
	Hollywood, FL 33021		
	<u> </u>	City/State and Zip Code	
	reliableregistry@gmail.com E-mail address: (to be used for future annual report notific	ation)
For further information	concerning this matter, please ca		,
Orlando Gamarra CPA		305 651-0497	
Name	e of Person		elephone 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)
<u>Mailing Addi</u> Registration		<u>Street Address:</u> Registration Secti	ion

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

Unlimited Trade, LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records Limited Liability Company)	<u>.)</u>
The Articles of Organization for this Limited Liability Co	ompany were filed on 02/01/2010	and assigned
Florida document number L10000011690	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
Troya Twins, LLC		
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC"	
Enter new principal offices address, if applicable:		75 23 7 8 7
Principal office address MUST BE A STREET ADDR	<u>ESS)</u>	
		78 - m
		0 P L
Enter new mailing address, if applicable:		6. E.
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>enter t</u>	the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	·
		orida
	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 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
			□Remove
			□Change
			□Add
		 	□Remove
			□Add
			□Remove
			Change
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(If an effective day Note: If the o	te, if other than the date is listed, the date me date inscribed in this before the listenive date on the listenive date on the listenive date on the listenive date.	ist be specific and block does not t	d cannot be price meet the appli	cable statutory	or more than 90 filing requirem	(optional) days after filing.) F ents, this date w	tursuant to 605.0207 (3)
he record speci ord is filed.	fies a delayed effecti	ve date, but no	t an effective	time, at 12:01 a	.m. on the earl	ier of: (b) The	90th day after the
Datad	August 10		2023 ~				
Dated			,) ·			
4		Signature of a	member or ent	horized represent	ative of a member	·	
(Signature of a		•		Marc	
~ \At	thorized Member			Min	1 6/10	110 -	.'a/ 54

Filing Fee: \$25.00