U8000047171

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2024 NOV - 1 PM 4: 35 SECKETARY OF STATE

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COVER LETTER

SUBJECT:	Troya Service	s, LLC			
SUBJECT.		Name of Limit	ed Liability Company		
The enclosed	l Articles of Ar	nendment and fee(s) are subn	nitted for filing.		
Please return	all correspond	lence concerning this matter to	o the following:		
		Ibiza Troya			
			Name of Person		
	Firm/Company				
		25064 SW 118th Place			
	Address				
		Homestead, FL 33032			
	City/State and Zip Code Ibiza01@live.com				
		E-mail address: (to	be used for future annual re	eport notification)	
For further is	nformation con	cerning this matter, please ca	11:		
Ibiza Troya				-5682	
	Name of P	erson	at () Area Code	Daytime Telepho	ne Number
Enclosed is a	check for the	following amount:			
■ \$25.00 F	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:

TO:

Registration Section
Division of Corporations

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

2024 NOV -1 PH 4: 35 SECRE NAME OF STATE TANTE CHASSEE, FL

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Troya Services, LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on imited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Cor Florida document number L18000047171	mpany were filed on $\frac{02/21/2}{2}$.	018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our recor	ds, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
1. Tow registered office reduced.	Enter Florida s	treet address
		, Florida
-	City	Zip Code
New Registered Agent's Signature, if changing Registered /	Agent:	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered	nplete performance of my nt as provided for in Chap	duties, and I am familiar with and oter 605, F.S. Or, if this document is

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

1 4: 35

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
MGR	Alfredo Valladares	25064 SW 118th Place	= Add
		Homestead, Fl 33032	□Remove
			□Change
			□Add
			□Remove
			Change
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Filing Fee: \$25.00