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24 NOV 26 FM 5: 42

## **COVER LETTER**

TO:	Registration Sec Division of Corp			
a	- Cm	THE	RAPY VAYO LLC	
SUBJI	ECT:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The en	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspor	ndence concerning this matter	to the following:	
		YES	ENIA D TORRES BUSTILLO	
			Name of Person	
			Firm/Company	
	4920 CHATHAM GATE DR			
			Address	<del></del>
		R	IVERVIEW FL 33578	
		. 1. 7	City/State and Zip Code	
		•	9@hotmail.com to be used for future annual report not	ification)
For fu	ther information co	oncerning this matter, please c		
	YESENIA D TOP	RRES BUSTILLO	786 537-4351 at ()	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclos	sed is a check for th	e following amount:		
<b>≡</b> \$2	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 S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	rporations Tallahassee be Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THERAPY VAYO	LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appe Liability Company	ears on our records.) /)	-
The Articles of Organization for this Limited Liability Company Florida document number	were filed on _	08/30/2022 and a	assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the	e designation "LLC" or the abbreviation	"L.L.C."
Enter new principal offices address, if applicable:	8260 WILLO	W BEACH DR RIVERVIEW FL 33	5578
(Principal office address MUST BE A STREET ADDRESS)		24	
Enter new mailing address, if applicable:		NOV 26	
Mailing address MAY BE A POST OFFICE BOX)	<del></del>	Pro T	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our	r records, enter the name of the	new register
Name of New Registered Agent:			
New Registered Office Δddress:	Enter F	Florida street address	<del></del>
		, Florida	
	City	Zip Co	de

## 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 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>	Address	Type of Action
MGR	ODIN ARREGOCES VALENZUE	8260 WILLOW BEACH DR RIVERVIEW FL 3357	8 <b>≡</b> Add
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Footing	data if other than t	so data of fili	na:			_ (optional)	
n offecti <u>ite:</u> H	e date, if other than the date is listed, the date in this date inserted in this t's effective date on the	nust be specific a block does not	nd cannot be prior meet the applic	able statutory III	more than 90 o	lays after filing.)	Pursuant to 605.02 will not be listed
ecord s is filed	specifies a delayed effec l.	tive date, but no	ot an effective ti	me, at 12:01 a.n	n, on the earli	er of: (b) The	: 90th day after th
ted	11 \ 05		, 2024	<u></u> .			
		Signature of	a member on auth	orized representati	ve of a membe	<u> </u>	
	, 1	<b>~</b> -	, ,	1 8 1 1			
	Vean:	$\alpha = 11 T_{\alpha}$	boes 13	ustillo ed name of signee			

Filing Fee: \$25.00