123000366398

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9/17/24 KH

2024 SEP 13 KH II: 10

COVER LETTER

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	egistration Se ivision of Cor			
SUBJECT	_	HERAPY LLC		
SUBJECT	•	Name of Lim	ited Liability Company	** -
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ondence concerning this matter	to the following:	
		JENNIFER TROYA		
			Name of Person	
		TROYA THERAPY LLC		
			Firm/Company	
		237 EAST 3RD STREET	UNIT 6	
			Address	.
		HIALEAH FL 33010		
		jengarciastp@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notific	cation)
For further	information c	oncerning this matter, please ca	nll:	
JENNIFE	R TROYA		786 383-5706	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed i	s a check for th	ne 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 enclose)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TROYA THERAPY LLC	God Chabilian Commence is sense	and the second of the second o
(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Compan)	(1)
The Articles of Organization for this Limited 1	Liability Company were filed on ,	08/03/2023 and assigned
Florida document number 1.23000366398		
This amendment is submitted to amend the fol	lowing:	
A. If amending name, <u>enter the new name o</u>	of the limited liability company	<u>here</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICE</u>	<u>BOX)</u>	
		
If amending the registered agent and/or igent and/or the new registered office addre		records, enter the name of the new register
Name of New Registered Agent:	JENNIFER TROYA	
New Registered Office Address:	237 East 3rd Street Unit 6	
	Enter F	Torida street address
	Hialeah	, Florida 33010
	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. On-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.

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	JENNIFER GARCIA	4138 SW 971'H CT	🗀 Add
		MIAMI, FL 33165	■Remove
			□Change
MGR	JENNIFER TROYA	237 EAST 3RD STREET UNIT 6	
		HIALEAH, FL 33010	□Remove
			⊡Change
			□Remove
		□ Change	
			□ Add
			□Remove
			□ Change
			□Add
			Signature Signa
			Remove
			□Change

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amending any other informat	ion, enter change(s) here: (Attach additional sheet.	s, y necessary.)
		
		
		
	V.00	
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lote: If the date inserted in this blo ocument's effective date on the De	be specific and cannot be prior to date of filing or more than 90- ck does not meet the applicable statutory filing requirem partment of State's records.	ents, this date will not be listed as
e record specifies a delayed The 90th day after the reco	effective date, but not an effective time, at 1 rd is filed.	12:01 a.m. on the earlier o
SEPTEMBER 6	2024	20
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	Jemikas Prome	
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	Lemison from Grature of abnember or authorized representative of a member	E iii

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