

L23 000366398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

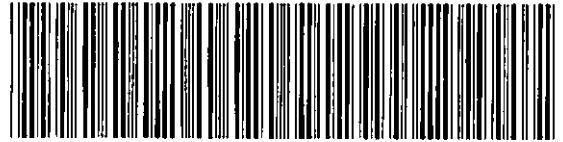
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FALLS CHURCH, VA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TROYA THERAPY 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:

JENNIFER TROYA

Name of Person

TROYA THERAPY LLC

Firm/Company

237 EAST 3RD STREET UNIT 6

Address

HALEAH FL 33010

City/State and Zip Code

jengarciaslp@gmail.com

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

For further information concerning this matter, please call:

JENNIFER TROYA 786 383-5706

Name of Person at () 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

2024 SEP 13 AM 11:16
TALLAHASSEE, FL 32303
DIVISION OF CORPORATIONS
STATE OF FLORIDA

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

TROYA THERAPY 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 08/03/2023 and assigned
Florida document number 1.23000366398.

This amendment is submitted to amend the following:

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

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)

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:

JENNIFER TROYA

New Registered Office Address:

237 East 3rd Street Unit 6

Enter Florida 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.



If Changing Registered Agent, Signature of New Registered Agent

If amendi

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if an effective

Note: If th

the record

Dated _____


Signature of a member or authorized representative

JENNIFER TROYA

Typed or printed name of signee

2024 SEP 13 AM 11:16
TALLAHASSEE FL