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2024 AUG 28 AH II : 35

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LOP THERAPY	LLC
	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:
LIAM C	Name of Person
	THERAPY LLC Firm/Company
2240 81	w 122nd ct Address
MIAN	Li, Fl 33175 City/State and Zip Code
LIAH.001	IVEROS @GMAIL COM dress: (to be used for future annual report notification)
For further information concerning this matter, p	lease call;
LIAM OLIVEROS PE	REZ 111 (786) 848 7075
isante of Ferson	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
X \$25,00 Filing Fee ☐ \$30,00 Filing Fee Certificate of Sta	
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

LOP THERAPY LLC			
(<u>Name of the Limited Liability Company as it now a</u> (A Florida Limited Liability Comp	ppears on our records.) any)		
The Articles of Organization for this Limited Liability Company were filed of Florida document number <u>L24 000 30159.3</u> .	n = 07/05/2024 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability compa	ny 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 agent and/or the new registered office address here:	our records, enter the name of the new registered		
Name of New Registered Agent:			
New Registered Office Address:			
Enter Florida street address			
	Florida 😤		
City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:	D		
I hereby accept the appointment as registered agent and agree to act in provisions of all statutes relative to the proper and complete performand accept the obligations of my position as registered agent as provided for being filed to merely reflect a change in the registered office address, I to company has been notified in writing of this change.	ve of my duties, and I am-familiar-with and some of the comment is		

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	LIAM OLIVEROS PEREZ	2240 SW 122nd Ct, Miami, Fl, 33	175 XAdd
			□Remove
			□Change
			🗆 🗆 Add
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			Add S
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) UPDATE OF FEI/EIN NUMBER: 30-1417409 E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated Quart 25

Typed or printed name of signee

LIAM OLIVEROS

Signature of a member or authorized representative of a member