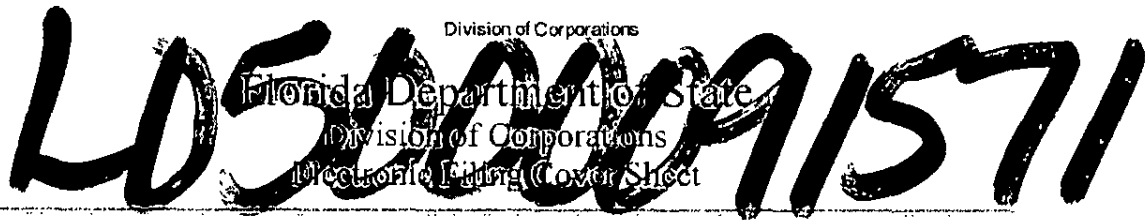


16/6/2015



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000147363 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SILVAS FINANCIAL SERVICES, L.L.C.
Account Number : I20020000100
Phone : (305)944-9755
Fax Number : (888)401-1914

Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIG
TRIUMPH PROPERTY MANAGEMENT, LLC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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JUN 17 2015

D. BRUCE

(((H15000147363 3)))

COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: TRIUMPH PROPERTY MANAGEMENT, 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:

EMPERATRIZ ROJAS

Name of Person

MARK KOTLAR

Firm/Company

12555 ORANGE DR SUITE 4097A

Address

DAVIE 33330

City/State and Zip Code

SRINFORMATION99@GMAIL.COM

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

2015 JUN 16 A 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**FILED**

For further information concerning this matter, please call:

MARK KOTLAR

Name of Person

at ()

Area Code

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/COURIER ADDRESS:**
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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(((H15000147363 3)))

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

TRIUMPH PROPERTY MANAGEMENT, 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 09/16/2005 and assigned
Florida document number L05000091571.

This amendment is submitted to amend the following:

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

TRIUMPH MARKETING SOLUTIONS, LLC

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

MARK KOTLAR

New Registered Office Address:

12555 ORANGE DR SUITE 4097A

Enter Florida street address

DAVIE

City

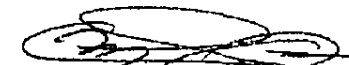
, Florida

33330

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. 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

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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>	<u>Address</u>	<u>Type of Action</u>
N/A	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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 TALLAHASSEE, FLORIDA

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N/A

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2015

Signature of a member or authorized representative of a member

MARK KOTLAR

Typed or printed name of signee

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