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DIVISION OF CORPURATION

N. Culligan JUN 2 3 2011

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TRIUMPH MEDIA 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:
HRISTOPHER NORRIS Name of Person
TRIUMPH MEDIA Firm/Company
1241 BRAMLEY LANE
DECAND FLORIDA 32720 City/State and Zip Code MCChristophernoris@gmail.com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CHRISTOPHER WORKIS at (903) 216 3658 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy 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

ARTICLES OF AMENDMENT

TO ARTICLES OF ORGANIZATION DIVISION OF CO

VISION OF CORPORATION

TRIUMPH M	EDIA LLC	
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appear mited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Co. Florida document number <u>L110004355</u>	mpany were filed on <u>&:0</u>	POAM APRIL 12, 2011 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company her	2:
N/A		
The new name must be distinguishable and end with the word: "L.L.C."	s "Limited Liability Compa	ny," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	124/ [BRAMLEY LANE
(Principal office address MUST BE A STREET ADDRE	SS) DELAND	FL 32720
Enter new mailing address, if applicable:		N/A
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		ur records, enter the name of the new
Name of New Registered Agent:	N/:	A
New Registered Office Address:	Ent	er Florida street address
		, Florida
	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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = M MGRM =	lanager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
D. If ame		change(s) here: (Attach additional sheets, if necessar PD1710NAL CHANGES	
- -			SECRETARY OF ISION OF CORPU
۔ Dated _ ح	JUNE 20 ,_	2011 nn.	ED OP STATE ORPORATION:
	Signature of a me	ember or authorized representative of a member R WORRIS Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00