111000061147

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Last name changed
CF 10/25/2022
Office Use Only 4085 - 523-



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08/28/22--01017--031 **52.50

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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	TRIUM Dh	Manageme ited Liability Company	nt LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	<u>Y</u> A	Nitra Homria	housen
	TRIV	nph Managen Firm/Company	nent LLC
		SE 12th ST	
		City/State and Zip Code _KULjiS D YAh to be used for future annual report notif	
	•	•	ication)
	Homrishaus of Person	at (786) PSC Area Code Daytime	1
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Star Certified Copy (additional copy is en
Mailing Addres		Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



September 25, 2022

YANITZA HOMRIGHAUSEN 212 SE 12TH STREET FORT LAUDERDALE, FL 33316

SUBJECT: TRIUMPH MANAGEMENT, LLC

Ref. Number: L11000061147

We have received your document for TRIUMPH MANAGEMENT, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Partnership, but your entity is a Limited Liability company. Please complete and return the enclosed blank form(s).

The entity's date of incorporation/organization must be listed in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 622A00021333

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www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2027 CITT8 PT 1: 01

Triumph Mana	sement	LLC		
TYIUMPH Maina (Name of the Limited Liability Compan (A Florida Limited Li	as it now appears on ability Company)	our records.)		
The Articles of Organization for this Limited Liability Company v Florida document number <u>L II 0000 611 4</u> 7			and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company here:			
The new name must be distinguishable and contain the words "Limited Liability	y Company," the design	nation "LLC" or the abbro	eviation "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)				
				_
3. If amending the registered agent and/or registered office angent and/or the new registered office address here:	ddress on our reco	rds, <u>enter the name</u>	of the <u>new registo</u>	rec
Name of New Registered Agent:		. <u></u> -		-
New Registered Office Address:				_
	Enter Florida :	street address		
	Cirv	, Florida	Zip Code	-
New Registered Agent's Signature, if changing Registered Agent:	c.i.,		-4 - · · · ·	
hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of	performance of my rovided for in Cha _l	duties, and I am far pter 605, F.S. Or, if	miliar with and Tthis document is	

If 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 Type of Action Title Name | Address _____ 🗀 Add ______ □Change □ Change ______ □Add _______ □Remove _____ Change bb∧□

____ Change

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If an effective da <u>Note:</u> If the c	e, if other than the date is listed, the date late inserted in this fective date on the	must be specific s block does no	and cannot be at meet the ap	prior to date of oplicable state	filling or more	than 90 days af	otional) ter filing.) Purs his date will	uant to 605.020' not be listed as
e record speci rd is filed.	lies a delayed effe	ctive date, but	not an effecti	ive time, at 12	2:01 a.m. on	the earlier of:	(b) The 90t	h day after the
Dated	10/9/	2502		· ·	11.			
					resentative of	$(-1)^{\epsilon}$		

Filing Fee: \$25.00