L12000062308

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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SECNETARY OF STATE
FALLAHASSEE, FLORINA

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COVER LETTER

TO: Registration Section
Division of Corporations

Triumvirate Financial Group 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:

Adam Lafferty

Name of Person

Triumvirate Financial Group

Firm/Company

134 N. 4th Street Suite 1250

Address

Lake Mary, FL. 32746

City/State and Zip Code

adam@triumvirateconsult.com

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

For further information concerning this matter, please call:

Adam Lafferty

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□S55.00 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



October 16, 2013

ADAM LAFFERTY 134 N 4TH STREET STE 1250 LAKE MARY, FL 32746

SUBJECT: TRIUMVIRATE FINANCIAL GROUP LLC

Ref. Number: L12000062308

We have received your document for TRIUMVIRATE FINANCIAL GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

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) 245-6051.

Tim Burch Regulatory Specialist II

Letter Number: 913A00024213

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Triumvirate Financial Group LL		
(<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 L12000062308	mpany were filed on 05/	08/2012 and assigned
This amendment is submitted to amend the following:		e: 15ervices LLC ny," the designation "LLC" or the abbreviation
A. If amending name, enter the new name of the limit	ed liability company her	<u>e</u> :
L & M Financial Group LLC	- M Financia	1 Services LLC
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Compa	ny," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
		る。
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FILED OCI 28 PH JREIARY OF SI LAHASSEE, FLO
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	En	ter 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
		····	Remove
			
			Add
			Remove
			
		I AL	_
		E C C C C C C C C C C C C C C C C C C C	Remove
		LLAHASSEE, FLO	FILE
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d Ochser 9	. 2013
	A/U
_	e of a member or authorized representative of a member
Adam Lafferty	

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Filing Fee: \$25.00

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