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COVER LETTER

TO:

Registration Section
Division of Corporations

TRIUNFEYA.COM LLC

SUBJECT:

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:

Sergio Velez

Name of Person

TRIUNFEYA.COM

Firm/Company

50 West Mashta Dr. Ste.4

Address

Key Biscayne, FL 33149

City/State and Zip Code

svpholdings@yahoo.com

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

For further information concerning this matter, please call:

Sergio Velez

at (305) 365-6454

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

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

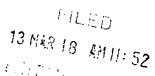
☐\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



		· · · · · · · · · · · · · · · · · · ·
YOUR DREA	AM SVP LLC	All Markhar College
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our re	cords.)
	· · · · · · · · · · · · · · · · · · ·	
The Articles of Organization for this Limited Liability Compan	y were filed on 08-29-2012	and assigned
Florida document number L12000111415		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
TRIUNFEYA.COM LLC		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the des	ignation "LLC" or the abbreviation
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 o		s, enter the name of the new
registered agent and/or the new registered office address her	<u>'e</u> :	
Name of Navy Registered Agents		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
		lorida
	City	7in Coda

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 = Mana MGRM = Ma	ager naging Member		
Title	Name	Address	Type of Action
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

If amending any other informa	tion, enter change(s) here: (Attach additional sheets, if necessary.)
	
MARCH 15	2013
<u> </u>	
Sign	nature of a member or authorized representative of a member
	Sergio Velez, Member
	Typed or printed name of signee

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Filing Fee: \$25.00