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SECRETARY OF STATE
FAIL MANASSEE, FLORIDA

K.SALY EXAMINER

COVER LETTER

TO: Registration S Division of Co			·
SUBJECT: Triur	nph Enterprise	s of Florida LLC	
SUBJECT:		ted Liability Company	
The enclosed Articles of	`Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Albert E Blaı	nco Toro	
		Name of Person	
	4040	Firm/Company	
	17012 Bay F	Pointe Dr	
	•	Address	
	Orlando, FL	32820-2784	
		City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notificati	ion)
For further information of	concerning this matter, please c	all:	
Albert 1	EBlanco Toro	2 at (<u>407) 690 — C</u> Area Code & Daytime Te	1013 Elephone Number
Enclosed is a check for t	he 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)

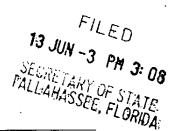
MAILING ADDRESS:

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**



Triumph Enterprises of Florida 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 Co	ompany were filed on 05/30/20	and assigned
Florida document number L13000078583		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable:		
(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 address.		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flor	rida street address
	W	_, 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 = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Alba L Reyes	17012 Bay Pointe Dr	Add
		Orlando, FL 32820-2784	Remove
			_
			Add
			Remove
			Remove
			-
			Add
			Remove
			Add
			Remove
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			_ Add
			Remove

			-
May	3/	2013	
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		mber or authorized representative Blaco Toyy yped or printed name of signee	

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Filing Fee: \$25.00