L13000162067

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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TALLABASSES TO CALL

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B. BOSTICK
JAN 1 5 2014

EXAMI FR

COVER LETTER

TO: Registration Section
Division of Corporations

Subject: Triumphant Living by Design 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:

Gwendolyn Parker

Name of Person

Team with Character

Firm/Company

7234 Pineville Dr

Address

Jacksonville, FL 32244

City/State and Zip Code

ladygwen58@gmail.com

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

For further information concerning this matter, please call:

Gwendolyn Parker

୍ମ, 904 , 662-1663

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

Triumphant Living by Design LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

of Organization for this Limited Liability Company were filed on 11/18/2013

The Articles of Organization for this Limited Liability Co.	mpany were filed on	8	ind assig	gned
Florida document number L13000162067				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company here:			
Team with Character LLC				
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company," the de	signation "LLC"	or the a	bbreviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	<u></u>			
		=======================================	<u></u>	
Enter new mailing address, if applicable:		:	<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	<u></u>	*- *
		550		7 - 2 9 + 7
		 		
B. If amending the registered agent and/or registe	ered office address on our record	ds, <u>enter the i</u>	name o	f the new
registered agent and/or the new registered office addre	ess here:			-
		<u>.</u>	40	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida	Enter Florida street address		
	, F	, Florida		
	City	Zi	o 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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>le</u>	<u>Name</u>	<u>Address</u>	Type of Acti
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D. If amending any other informs		ch additional sheets, if necessary.)
EIN 41	0-4419717	
E. Effective date, if other than the (If an effective date is listed, the date	e date of filing: e must be specific and cannot be mo	(optional) ore than 90 days after filing.) (605.0207 (3)(b)
Dated January 7	, 2014	
Gwendolyn F		
Juln doly	gnature of a member or authorized rep	
•	Typed or printed name of	of signee

Page 3 of 3

Filing Fee: \$25.00