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DEC 13 2016

EFFECTIVE DATE

S. YOUNG

16 DEC 12 PM 4: 12

COVER LETTER

TO: Registration Sec Division of Corp					
SUBJECT: TYIV	mph Construct Name of Limi	ion LLC ted Liability Company			
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.			
Please return all correspon	dence concerning this matter t	o the following:			
	Kevin Bake	Name of Person			
	Triumph Cons	Struction, LLC Firm/Company			
	211 N. Lois A	Address			
	Tampa, FL 3	53609 City/State and Zip Code		160	BALLA STAR
	KBaker. Trium E-mail address: (1	ph Camail. Com be used for future annual report notif	ication)	DEC 12	EIAIT
For further information co	ncerning this matter, please ca	11:		PM	Her.
Kevin Baker	Person	at (<u>813</u>) <u>299.4</u> Area Code Daytime	Telephone Number	4: 12	
Enclosed is a check for the	e 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 Sta Certified Copy (additional copy is er	ıtus &	

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**

Triumon Construction (Name of the Limited Liability Compa) (A Florida Limited I	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L\500001732</u> .	were filed on January 5, 2015 and assig	gned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	vility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.	C."
Enter new principal offices address, if applicable:	211 N. Lois Ave.	
(Principal office address MUST BE A STREET ADDRESS)	Tampa . FL 33409	SEUR
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	211 N. Lois Ave. 27 Tampa, FL 33609 2	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		-17/-
Name of New Registered Agent: COUY	ney Jones	
New Registered Office Address: 211 N.	. Lois Ave. Enter Florida street address	<u>-</u>
Tampo	, Florida 3360 City Zip Code	<i></i>
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 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 <u>Address</u> Type of Action **Title** <u>Name</u> Debi J Baker AMBR □ Add 4319 W. Jetton Ave, Tampa, FL 33629 Remove ☐ Change Neil R Ferriano 211 N. Lois Ave, Tampa, FL 334009 ☐ Add □ Add ₹ ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

□ Add

_□ Remove

☐ Change

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