L15000007477

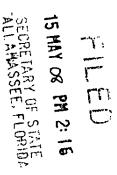
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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101APS115/15

COVER LETTER

TO: Registration Se Division of Cor	ection rporations					
	nsurance Group LLC					
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:		•		
	Andre Campbell					
		Name of Person				
	Triumph Insurance Group	LLC				
		Firm/Company				
	6680 Parkside Drive					
		Address				
	Parkland, FL 33067					
		City/State and Zip Code				
	acamp7@gmail.com E-mail address: (to be used for future annual report notifica	ition)			
For further information of	concerning this matter, please co	·				
Andre' Campbell		954 461-7393				
Name o	of Person	Area Code Daytime To	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)	S60.00 Filing Certificate Certified	of Statu: Copy		
Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations tox 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Cente	ons	SECRETARY OF I	15 HAY 68 PM	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

riumph Insu	Irance (-)	ny afit now appears on our	racards)	
(A	Florida Limited	Liability Company)	iccoras.	
The Articles of Organization for this Limited Lial Florida document number L15000007477	bility Company	were filed on $\frac{01/13/2015}{}$	and assigned	
This amendment is submitted to amend the follow	ving:			
A. If amending name, <u>enter the new name of t</u>	he limited liab	ility company here:		
The new name must be distinguishable and contain the wor	ds "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applical	ole:	6680 Parkside Drive		
(Principal office address MUST BE A STREET		Parkland, FL 33067		
Enter new mailing address, if applicable:	•	6680 Parkside Drive		
(Mailing address MAY BE A POST OFFICE B	<u>0X)</u>	Parkland, FL 33067		
B. If amending the registered agent and/or registered agent and/or the new registered office			cords, enter the name of the nev	
Name of New Registered Agent:	Andre' Campbe	ell		
New Registered Office Address:	6680 Parkside I	Drive		
New Registered Office Address.		Enter Florida street	address	
	Parkland		, Florida <u>33067</u>	
		City	Zip Code	
New Registered Agent's Signature, if changing Re	gistered Agent:			
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the recompany has been notified in writing of this cl	and complete ered agent as p gistered office	performance of my duti provided for in Chapter	es, and I am familiar with and 605, F.S. Or, it has decument is rm that the limited liability	

If Changing Registered Agent, Signature of New Registered Agent

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>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Andre Campbell	6680 Parkside Drive	≅ Add
		Parkland, FL 33067	
			■ Change
	-		Add
			Remove
			☐ Change
AAA			Add
		T-10-04-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1	Remove
			□ Change
			
			☐ Remove
			Change
			FACIOR ASS
	·		
			Sin Cancel Co
			STATE TO AND TO SERVICE TO SERVIC
			Remove
			☐ Change

If amending any other in	formation, enter change(s) here: (Attach addit	ional sheets, if necesso	ary.)
•				
				
				····
-				
				
				<u> </u>
If an effective date is listed, the Note: If the date inserted in	an the date of filing:	be prior to date of filing or i applicable statutory fili	nore than 90 days after fili	ng.) Pursuant to 605.0207
he record specifies a d The 90th day after ti	elayed effective date, b ne record is filed.	out not an effective	time, at 12:01 a.m	n. on the earlier of
May 4 Dated	2015	5		15 M SECR ALLA
	M. Car	d		MAY 08 AHASSE
	Signature of a dember	or authorized representativ	e of a member	## 35 III

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00