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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORP USA Account Number : 072450003255

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Phone : (305)634-3694 : (305)633-9696

**Enter the email address for this pusiness entity to be used for future annual report mailings. Enter only one email address please: **

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TRYUMPH TEXAS, LLC

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(b)

COVER LETTER

TO:	Registration Section
	Division of Corporation

TRYUMPH TEXAS, LLC

SUBJECT:	II (DAAS, ELC		
	Nume of Lir	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sui	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Michael Sherman		
		Name of Person	
	Thomas G. Sherman, P.A.		
		Firm/Company	
	90 Almeria Avenue		
	<u></u>	Address	
	Coral Gables, Florida 331	34	
		City/State and Zip Code	5 2
	mike@uniontitleservices.co		
	E-mail address:	to be used for future annual report notifica	ution)
For further information of	concerning this matter, please o	all:	
Mike Sherman		305 448-5898	
Name o	of Person	Area Code Daytime T	elephone Number
Enclosed is a check for t	he following amount:		·
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Conificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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, PL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

tryumph texas, llc		
(Nume of the Limited Liability Comp. (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on May 12, 2016	and assigned
Florida document number L16000093759		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	248 Washington Avenue, Unit 4	
(Principal office address MUST BE A STREET ADDRESS)	Miami Beach, Florida 33139	
Enter new mailing address, if applicable:	248 Washington Avenue, Unit 4	T. 2016
(Mailing address MAY BE A POST OFFICE BOX)	Miami Beach, Florida 33139	
		1 1
B. If amending the registered agent and/or registered of		<i>E</i>
registered agent and/or the new registered office address her	<u>ę;</u>	- 4
Name of New Registered Agent:		39 =
New Registered Office Address:	Enter Florida street address	
	. 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 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 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

Title	<u>Nome</u>	Address	Type of Action
AMBR	The Soapy Olive LLC	3015 SE St. Lucie Blvd	
		Stuart, FL 34997	■ Remove
			☐ Change
MGR	Robert Currau	248 Washington Avenue, Unit 4	Add
		Miami Beach, FL 33139	□ Remove
			Change
			D Add
•			□ Remove
		Change	
·			Ādā
			□ Remove
			Change
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			Remove
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effective dute is listed, the date must list the date inserted in this b	ist be specific and current be j	prior to date of filing of	r more than 90 days afto	r filing.) Pursuant	10.605.i
iment's effective date on the I	epartment of State's reco	ords.	-B		<u>ٻ</u>
				موار	0
ecord specifies a delaye se 90th day after the rec	d effective date, but ford is filed.	not an effective	e time, at 12:01 :	a.m. on the e	≥arlie
d August 5	2016	\mathcal{M}			
v	, <u> </u>	NA			
	Signature of a member or a	uthprized represental	ve of a member		_
		R .			

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Filing Fee: \$25.00