L16000195563

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900296685079

03/20/17--01023--001 **25.00

2011 PAR 20 P 5: 05
SECRETIARY OF STATE

S Warren MAR 2 2 2017

COVER LETTER

	tration Secti on of Corpo			
SUBJECT: T	RIUMPH UI	NLIMITED LLC		
SUBJECT: _	· · · · · ·	Name of Limi	ited Liability Company	
•				
The enclosed A	rticles of An	nendment and fee(s) are subr	nitted for filing.	
Please return al	l corresponde	ence concerning this matter t	to the following:	
		EMANUEL CALZADILL	A	
			Name of Person	
		TRIUMPH UNLIMITED I	LLC	
			Firm/Company	
		FINANCE OF THE	20200 SW 248	St
			Address	
		HOMESTEAD FL	33031	
		EMAN CALZADULA OC	City/State and Zip Code	
	-	EMAN.CALZADILLA@G	MAIL.COM o be used for future annual report notificat	ion)
For further info	rmation cond	erning this matter, please ca	·	,
EMANUEL CA	ALZADILLA	A	305 710-8661	
	Name of Pe	erson		lephone Number
Enclosed is a ch	neck for the f	ollowing amount:		
\$25.00 Filin	ng 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)

TO:

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	UNLIMITED	LLC

(Name of the Lim	ited Liability Compa (A Florida Limited I	ny as it now appears on ou Liability Company)	ur records.)			
The Articles of Organization for this Limited I Florida document number L16000195563	Liability Company	were filed on 10/24/20	16		and a	ssigned
his amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name	of the limited liab	ility company here:				
he new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designat	ion "LLC" or	the abbro	eviation "	L.L.C.''
Inter new principal offices address, if appli	cable:	20200 SW 248TH STI	REET			
(Principal office address MUST BE A STREET ADDRESS)		HOMESTEAD FL 33	031	; 4.	~	
				\$ 53	-	****
Enter new mailing address, if applicable:		20200 SW 248TH STI	REET	ABVI 3	WR 20	Examination of the second of t
Mailing address MAY BE A POST OFFICE BOX)		HOMESTEAD FL 336	031	77	ש	
				SA SA SA SA SA SA SA SA SA SA SA SA SA S	\$. 05	
3. If amending the registered agent and egistered agent and/or the new registered of			records, <u>e</u>	nter th	***	of the
Service Resident Wilder Control of the New York Control of the Con	THE WAS INC.	2·				
Name of New Registered Agent:	EMANUEL CA	ALZADILLA				
New Registered Office Address:	20200 SW 2487	TH STREET				
		Enter Florida stre	et address			
	HOMESTEAD		, Florid	a 3303	1	
		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 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
AMBR	MAURICE WEBB	1434 E MOWRY DR	
		HOMESTEAD FL 33033	■ Remove
			☐ Change
		·····	Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			Add
			Remove Change
		zi.	FLORIDA Remove

•			
			
		,	
-			
			<u> </u>
			•
tive date, if other than the d	03/14/2017	(optional)	
fective date is listed, the date must be	late of filing: be specific and cannot be prior to date of filick does not meet the applicable statuto	ing or more than 90 days after filing.) Pursuant to 605
nent's effective date on the Dep	partment of State's records.	ny ming requirements, tins date	Will flot be fist
cord specifies a delayed	effective date, but not an effec	ctive time, at 12:01 a.m.	on the earli
e 90th day after the reco	ra is filed.		
MARCH 14TH	2017		
	· · · · · · · · · · · · · · · · · · ·	100	<i>3</i>
4 10	The tite	er 20 - 5	<u> </u>
Zend (ignature of a memoer or authorized repres	sentative of a member	
EMANUEL CALZADIL		sentative of a member	

Page 3 of 3

Filing Fee: \$25.00