## L21000349707

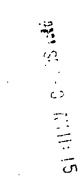
| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
|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

Office Use Only



000372674730

09/08/21--01027--005 \*\*25.00





## **COVER LETTER**

TO: Registration Section

Division of Corporations

| SUBJECT:                                      | Name of Lin                               | aited Liability Company   |   |  |
|---|---|---|---|--|
|   |   |   |   |  |
| The enclosed Articles of                      | Amendment and fee(s) are sub              | omitted for filing.   |   |  |
| Please return all correspo                    | ondence concerning this matter            | to the following:   |   |  |
|   | Sherry Torres                             |   |   |  |
|   |   | Name of Person  |   |  |
|   | Triumph Investments LLC                   |   |   |  |
|   |   | Firm/Company  |   |  |
|   | 8508 Southhampton Dr                      |   |   |  |
|   |   | Address   |   |  |
|   | Miramar, Fl 33025                         |   |   |  |
|   |   | City/State and Zip Code   | <del></del>   |  |
|   | homesbysherry10@gmail.e                   |   |   |  |
|   |   | to be used for future annual report no                              | olification)  |  |
| or turther information c                      | oncerning this matter, please c           | all:  |   |  |
| Sherry Torres                                 |   | at (954 ) Area Code Daytime Telephone Number                        |   |  |
| Name of Person                                |   | Area Code Dayti   | ime Telephone Number  |  |
| Enclosed is a check for th                    | ne following amount:                      |   |   |  |
| ■ \$25.00 Filing Fee                          | S30.00 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 Addres                                |   | Street Address:   |   |  |
| Registration Section Division of Corporations |   | Registration Section Division of Corporations                       |   |  |
| P.O. Box 6327                                 |   |   | The Centre of Tallahassee   |  |
| Tallahassee, FL 32314                         |   | 2415 N. Monr  | 2415 N. Monroe Street, Suite 810  |  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Triumph Investments LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 8/3/2021 and assigned Florida document number <u>L21000349707</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida \_ City

## 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

| <u>Title</u>      | <u>Name</u>   | Address                | Type of Action                |
|-------------------|---------------|------------------------|-------------------------------|
| MGR Sim           | Simone Torres | 8058 southampton drive | □ Add                         |
|                   |               | miramar, fl 33025      | ■Remove                       |
|                   |               |                        | □Change                       |
| MGR Sherry Torres | Sherry Torres | 8508 Southhampton Dr.  | ■Add                          |
|                   |               | Miramar, FL 33025      | □Remove                       |
|                   |               |                        | Change                        |
|                   |               |                        | □Add                          |
|                   |               |                        | □Remove                       |
|                   |               |                        | □Change                       |
|                   |               |                        | □Add  Remove                  |
|                   |               |                        | * i=                          |
|                   |               |                        | ☐ Éhange<br>☐ Éhange<br>☐ Add |
|                   |               |                        | . G                           |
|                   |               |                        | □Change                       |
|                   | ·             |                        |                               |
|                   |               |                        | Remove                        |
|                   |               |                        | □Change                       |

| Please no                              | ote the change in the manager address  |   |
|--|--|---|
|  |  |   |
|  |  | <del></del>                               |
|  |  |   |
|  |  |   |
|  |  |   |
|  |  |   |
|  |  |   |
|  |  |   |
|  |  |   |
|  |  |   |
| <del></del>                            |  | _ <del></del>                             |
|  |  |   |
|  |  |   |
|  |  |   |
|  |  |   |
| <del></del>                            |  |   |
|  |  |   |
|  |  | 999A                                      |
|  |  |   |
|  |  | - · · · · · · · · · · · · · · · · · · ·   |
|  |  | da da                                     |
| <del></del>                            |  | 7. T. |
|  |  | <u></u>                                   |
|  |  |   |
| ffective date                          | , if other than the date of filing:  | රා<br>ptional)                            |
| an effective data<br>tote: If the data | e is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a ate inserted in this block does not meet the applicable statutory filing requirements, ective date on the Department of State's records. | fter filing.) Pursuant to 605.02          |
| record specific<br>is filed.           | es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of  | (b) The 90th day after th                 |
| ated                                   | September 3. 2021  |   |
|  | Signature of a neighbor or authorized representative of a member   |   |
|  | Signature of a member of authorized representative of a member   |   |
|  | Typed or, printed name of signee   |   |

Filing Fee: \$25.00