

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000197620 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : 120220000070 Phone : (888)462-3453 : (877)919-2613 Fax Number

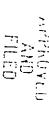
**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_

EFILE1234@INCFILE.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BLUE TRIUMPH SOLUTIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00



Electronic Filing Menu Corporate Filing Menu

Help

JUN - 7 2022

(2)

Tallahassee, FL 32314

COVER LETTER

TO:	Registration Se Division of Cor				* , 9	ę; 7
Crima	ro groups	* BLUE TRIUMP	PH SOLUTIONS LLC			
SORTI	ECT:	Name of Lim	ited Liability Company		······································	
The en	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		LOVETTE DOBSON				
			Name of Person			_
			Firm/Company			-
		17350 STATE HWY 249 S	STE 220			
			Address			_
		HOUSTON, TX 77064				
		EFILE1234@INCFILE.CO	City/State and Zip Cod M	e		_
		E-mail address: (to be used for future annua	al report notific	cation)	
For fu	rther information c	oncerning this matter, please ca	all:			
LOVE	ETTE DOBSON			884623453		
	Name o	f Person	at () _ Area Code	Daytime '	Telephone Numb	ur
Enclos	sed is a check for the	he following amount:				
≅ \$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fed Certified Copy (additional copy is e		Certific	ate of Status &
	Mailing Address			Address:		
	Registration : Division of C			tration Section of Corp		
	P.O. Box 632	=		Centre of Ta		

(((H22000197620 3))]

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLUE TRIUMPH S	OLUTIONS LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.22000207444	were filed on 05/02/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility 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:		
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32801	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the na	me of the new registered
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address , Florida	FLED FLED
	City.	∷Zip C \xip : □ · ∴ Cπ
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:

(((H22000197620 3)))

MGR =	Manager	
AMBR =	Authorized	Member

Title	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			☐ Change
			□Remove
			Change
		<u></u>	□Remove
			Remove
			Change
			□Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	☐ Change
			□Remove
			□Change

			
· · · · · · · · · · · · · · · · · · ·			-
			_
			_
			_
			-
			_
			-
			_
			_
			-
			•
			-
			-
· · · · · · · · · · · · · · · · · · ·			-
fective date, if other than the o	late of filing:	(optional) te of filing or more than 90 days after filing.) Pursuant to 60	
in effective date is listed, the date must	be specific and cannot be prior to da ab done not meet the applicable	te of filing or more than 90 days after filing.) Pursuant to 60 statutory filing requirements, this date will not be lis	05,020 sted a
ocument's effective date on the De		manually many requirements and care	
ecord specifies a delayed affective	date but not an effective time:	at 12:01 a.m. on the earlier of: (b) The 90th day after	er th
is filed.	dire. our nor in errective vinter	. 12.01	
JUNE, 06	2022		
JUNE, 06 ated			
1 + 1			
<u> Lwith Jack</u>	ignature of a member or authorized	representative of a member	
	•	•	
Justin Jackson		me of signee	

(((H22000197620 3))

Filing Fee: \$25.00