123000090907

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





000413201930

08/01/23--01027--015 **25.00

Z023 AUG -1 PM 5: 15 SECRETARY OF STATE



COVER LETTER

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Name of the Limited Liability ((A Florida Lin	Company as it now appears on mited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Com-	pany were filed on 2/	122 /2-	
Florida document number <u>LZ3000090907</u> .		and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited			
The new name must be distinguishable and contain the words "Limited	Liability Company," the design	ation "LLC" or the abbreviation "Y. L.C."	
Enter new principal offices address, if applicable:	/ .		
(Principal office address MUST BE A STREET ADDRES			
		202 SE	
Enter new mailing address, if applicable:	NA	AND AND TI	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our recor	ds, enter the name of the new registered	
Name of New Registered Agent:	/A		
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
New Registered Agent's Signature, if changing Registered Agent's	City	Zip Code	

ignature, 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

· 	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
-	
-	
-	
_	
-	
-	
_	
Effecti	ve date, if other than the date of filing.
If an eff <u>Note:</u> docum	ve date, if other than the date of filing: certive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
record d is fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated _	7-26-2023 Min Jich
	Signature of a member or authorized representative of a member
	Charles B Smith Typed or printed name of signee

Triumph Electr

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 MGR	Name Riley J. Murphy	Address 35080 Arbor Street	Type of Action
		35080 ArborStreet Dade City Fl 3352	XAdd 3_□Remove
			_
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			DRemove
			Change
			□Add
			□ Remove
			Change
			□Add
			□Remove
			_ Change



Department of State / <u>Division of Computations</u> / <u>Search Records</u> / <u>Search by Earlity Name</u> /

Detail by Entity Name

Florida Limited Liability Company TRIUMPH ELECTRIC LLC

Filing Information

Document Number

L23000090907

FEI/EIN Number

92-2619598

Date Filed

02/20/2023

State

FL

Status

ACTIVE

Principal Address

38628 TRAVIS LANE

ZEPHYRHILLS, FL 33540

Malling Address

38628 TRAVIS LANE

ZEPHYRHILLS, FL 33540

Registered Agent Name & Address

SMITH, CHARLES B

38628 TRAVIS LANE

ZEPHYRHILLS, FL 33540

Authorized Person(s) Detail

Name & Address

Title AMBR

SMITH, CHARLES B 38628 TRAVIS LANE

ZEPHYRHILLS, FL 33540

Annual Reports

No Annual Reports Filed

Document Images

92/20/2023 - Florida Limited Linblisty View image in PDF format