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2024 AUG 27 PH 12: 3

COVER LETTER

TO: Registration S Division of Co			
Orthorn and comp			
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. spondence concerning this matter to the following: David Copel Name of Person THE TRIVMPH TEAM LLC Firm/Company 1111 E Sunrise BLVD. Unit 407 Address Fort Lauderdale, FL City/State and Zip Code dave@thetriumphteam.com E-mail address: (to be used for future annual report notification) n concerning this matter, please call: at (203		
Please return all correspondent	ondence concerning this matter	to the following:	
	David Copel		
		Name of Person	
	THE TRIVMPH TEAM L	LC	
		Firm/Company	
	1111 E Sunrise BLVD. Ur	nit 407	
		Address	
	Fort Lauderdale, FL		
		City/State and Zip Code	
For further information of		•	tification)
David Copel		The state of the s	
Name o	of Person		me Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	-	Certified Copy	Certificate of Status & Certified Copy
<u>Mailing Addre</u> Registration			ection
Division of C	Corporations	Division of Co	orporations
P.O. Box 632 Tallahassee			
Tallahassee,			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 AUG 27 PH 12: 31

THE TRIVMPH TEAM LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

		1743
The Articles of Organization for this Limited Liability Company	were filed on	4 and assigned
Florida document number L24000055390		
This amendment is submitted to amend the following:		
This allered is saonated to allered the following.		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company " the deciana	ion "I I C" or the abbreviation "I I C"
The new haire must be distinguishable and contain the words. Elimited Elabilit	ty Company, the designa	ion age of the more viation 15,5,6.
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 a	ddress on our record	s, 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 str	ret address
		, Florida
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my d rovided for in Chapt	uties, and I am familiar with and er 605, F.S. Or, if this document is
, , ,		

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	Sam Strange	925 N GARFIELD ST, UNIT 202	□Add
		ARLINGTON, VA 22201	≣Remove
			□Change
			□Add
		·	□Remove
		 	□ Change
			□Add
			Remove
			□ Change
			□Add
			Remove
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			□Change

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Filing Fee: \$25.00