P13000057072

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Special Instructions to Filing Officer:				
Q. SILAS				
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SECRETARY OF STATE

RECEIVED

Letter Number: 322A00008749

FLORIDA DEPARTMENT OF STATE

Division of Corporations

Division of Corporations STALLARIAN TEE. IL

April 14, 2022

YLIJAH BROWN 1645 NOTTINGHAM WAY CONYERS, GA 30094

SUBJECT: 740 BUILD INC. Ref. Number: P13000057072

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

M14000006727 - TRIUMPH COMPANIES LLC

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: 740	BUILD INC
DOCUMENT NUMBER: P130000	057072
The enclosed Articles of Amendment and fee are su	bmitted for filing.
Please return all correspondence concerning this ma	tter to the following:
VIITA	H BROWN
	Name of Contact Person
	Firm/ Company
1/245 1/0	TTINGIHAM WAY
<u> </u>	Address
CONYER	S GA 30094 City/ State and Zip Code
E-mail address: (to be us	BOGMAIL, COM sed for future annual report notification)
(,
For further information concerning this matter, pleas	se call:
YLIJAH BROWN	at (954) 662-3779
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
\$35 Filing Fee \$\times \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

FILED

JUN 27 PH 7: 3"

(Name of Corporation as currently filed with the Florida Bent cof State) OF STATE
TALL AHASSEF, FL

P13000057072	IALLANASSEE, FL
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this FL is Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
LDAD SHARE LOGISTICS name must be distinguishable and contain the word "corporation," "cor	INC The new
name must be distinguishable and contain the word "corporation," "cor "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p "chartered," "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable:	15800 PINES BLVD
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	PEMBROKE PINESTL 33027
	SUITE 3162
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent ISABEL	BROWN
15800 PINES (Florida street	BLVD SUITE 3162
New Registered Office Address: PEMBROILE P	(NES , Florida 33027 (Lip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u> John	n Doe	
X Remove	<u>V</u> <u>Mik</u>	se Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	CHRISTINA WILLIAMS	7871 MOSS POINTE TRAIL E
X Add			JACKSONVILLE FL 32244
Remove			
2) Change	D	CALVIN WILLIAMS	1645 NOTTINGHAM WAY
<u>X</u> Add			CONNERS GA 30094
Remove Change	<u>D</u>	JOSIAH BROWN	1645 NOTTINGHAM WAY
X Add			CONNERS GA 30094
Remove			
4) Change	D	JENESIS BROWN	1645 NOTTINGHAM WAY
<u> </u>			CONNERS GIA 30094
Remove			
5) X Change	P	YLIJAH BROWN	1645 NOTINGHAM WAY
Add			CONVERS GA 30094
Remove			
6) X Change	VP	I SABEL BROWN	1645 NOTTINGHAM WAY
Add			CONVERS GA 30094
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
to control of the state of the	
	
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: MARCH 1, 2022 (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	nte will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder acti action was not required.	on and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(by the shareholders was/were sufficient for approval.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	eni
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other courappointed fiduciary by that fiduciary)	
TLITAH BROWN (Typed or printed name of person signing)	
PRESIDENT (Title of person signing)	

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