P16.00007247

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: TRIUNFO LATIN	O INC	
DOCUMENT NUMB			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	oundence concerning this mal	ter to the following:	
]	OSUE LEVIS		
-		Name of Contact Person	
-		Finn/ Company	
<u>.</u>	3379 LYONS RD STE 226		
_		Address	
(COCONUT CREEK, FL 330	73	
-		City/ State and Zip Code	
JLEVI	S9@AOL.COM		
	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
JOSUE LEVIS		at (<u>818</u>) 968-7291
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made [payable to the Florida Depa	rtment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mail	Mailing Address Street Address		Address
Amei	idment Section	Amend	ment Section
	ion of Corporations		n of Corporations
	Box 6327 hassee: FL 32314		Building xeentive Center Circle
1 2112	ロはるのだも、FL・ラスプキサ	∠001 L	ACCIDITE CONC.

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name c	of Corporation as curren	tly filed with the Florida Dept. of State)	
P16000017247			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(s)	
A. If amending name, enter the new na	me of the corporation:		
		The new	
	ation "Corp." "Inc," or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."	
B. Enter new principal office address,		5379 LYONS RD STE 226	
(Principal office address MUST BE A S		COCONUT CREEK, FL 33073	
C. Enter new mailing address, if appli	cable:	5270 L VONE DES CITE 224	
(Mailing address MAY BE A POST OFFICE BOX)		5379 LYONS RD STE 226	
		COCONUT CREEK, FL 33073	
		:T) -D	
If amending the registered agent an new registered agent and/or the new			
	JOSUE LEVIS		
Name of New Registered Agent	5379 LYONS RD STE 2	and "	
	(Florida s	treet address)	
Non Decisional Office Address	COCONUT CREEK	. Florida ³³⁰⁷³	
New Registered Office Address:		(City) (Zip Code)	
		(City) (Zip Code)	
New Registered Agent's Signature, if c	hanaina Beaistered Ager	në-	
		with and accept the obligations of the position.	
	١		
	Jac lains		
	Don Mal	Registered Agent, if changing	
	signature of New	negimered agent, ij chunging	

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 Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	RAUL PEREZ	650 EAST 31 ST
Add XRemove			HIALEAH, FL 33013
2) Change	P	JOSUE LEVIS	5379 LYONS RD STE 226
X Add			COCONUT CREEK, FL 33073
Remove			
3) Change	-		
Add			
4) Change	·		
Add			
5) Change	 		
Add Remove			
6) Change		***************************************	
Add			
Remove			

. If amending or adding additional Articles, enter change(s) here:	
(Attach additional sheets, if necessary). (Be specific)	
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)	
`	

03-31-2016
The date of each amendment(s) adoption:, if other than the date this document was signed.
date this document was signed.
Effective date if applicable:
(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 will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (<u>CHECK ONE</u>)
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
(voting group)
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
03-31-2016
Signature Roll Reuge
(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 court
appointed fiduciary by that fiduciary)
RAUL PEREZ
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)