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## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: \_ Triton Recovery Group, Inc. DOCUMENT NUMBER: P18000068659 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Leopoldo Vargas Name of Contact Person Triton Recovery Group, Inc. Firm/ Company 1600 S. Federal Highway, Suite 600 Address Pompano Beach, FL 33071 City/ State and Zip Code leo@tritonrecoverygroup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 754 ) 281-2476

Area Code & Daytime Telephone Number Leopoldo Vargas Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Triton Recovery Group Inc.				
( <u>Name</u>	of Corporation as curre	ntly filed with the Florid	a Dept. of State)	
P18000068659				
	(Document Number	of Corporation (if knowr	i)	
Pursuant to the provisions of section 607 its Articles of Incorporation;	7.1006, Florida Statutes, th	is Florida Profit Corpora	ction adopts the following amendm	ient(s) t
A. If amending name, enter the new r	ame of the corporation:			
N/A			The nev	141
name must be distinguishable and cor "Corp" "Inc.," or Co.," or the desig word "chartered," "professional associ	nation "Corp," "Inc," or	· "Co". A professional e	incorporated" or the abbreviation	n
B. Enter new principal office address	if annlicable:	N/A		
(Principal office address MUST BE A.S.		N/A	2 0	
		N/A	::1 V	T1 =
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF		N/A		T. O
		N/A		
		N/A 	÷,	
O. If amending the registered agent a new registered agent and/or the ne			he name of the	
Name of New Registered Agent	N/A			
	N/A			
	(Florida	street address)		
New Registered Office Address:	N/A	N/A		
		(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if of the description in the deposit the appointment as regised.	changing Registered Age tered agent. I am familia	<u>nt:</u>	(Zip Code)	
	N	A : Revistered Agent, if char		
<del></del>	Signature of New	Registered Agent, if char	reine	

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 Doc, 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)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	P	Leopoldo Vargas	1600 S. Federal Highway
Add			Suite # 600
Remove			Pompano Beach, FL 33062
2) X Change	VP	Robert Wild	1600 S. Federal Highway
Add			# 600
Remove			Pompano Beach, FL 33062
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	·		_
Add			
Remove			

(Attach additional sheets, if necessary	), (Be specific)			
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If an amendment provides for an ex provisions for implementing the an	cnange, reclassification	on, or cancellation o ained in the amendm	rissued snares. ent itself:	
<u> </u>				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
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(if not applicable, indicate N/A)				
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•	N/A		
The date of each amendment(s) date this document was signed.	adoption:		, if other than the
	ovember 12, 2018		
Effective date <u>if applicable</u> :	(no more than 90 day	vs after amendment file date)	
	·		
<b>Note:</b> If the date inserted in this document's effective date on the I		statutory filing requirements, this date w	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were a by the shareholders was/were		nber of votes cast for the amendment(s)	
	pproved by the shareholders through or each voting group entitled to vote.	voting groups. The following statement separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were suf	Ticient for approval	
Leopoldo Vargas and	d Robert Wild	<u></u>	
,	(voting group)		
The amendment(s) was/were a action was not required.	dopted by the board of directors with	out shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without s	shareholder action and shareholder	
DatedSignature	France	-	
selec		if directors or officers have not been ids of a receiver, trustee, or other court	
	Leopoldo Vargas		
	(Typed or printed name	of person signing)	
	President		
	(Title of pe	rson signing)	