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(Red	questor's Name)	
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/A da	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filina Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION:TRIUMPH MEDI	ICAL SERVICES CORP	
	BER: P20000009953		··· ·
The enclosed Article:	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Caleb Espinoza		
		Name of Contact Person	1
	TRIUMPH MEDICAL SERV	VICES CORP	
		Firm/ Company	
	8358 W Oakland Park, Suite	203ID	
		Address	
·	Sunrise, F1. 33351		
		City/ State and Zip Code	•
	calebespinoza@usa.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, plea		709-7959
	of Contact Person	at (at () 709-7959 le & Daytime Telephone Number
Name	of Contact Person	Area Co	ae & Daytime Tetephone (vumoe)
Enclosed is a check f	or the following amount made	payable to the Florida Depa	rtment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment Articles of Incorporation of

TRIUMPH MEDICAL SERVICES CORP	22. 22 AV
(Name of Corporation as curren	tly filed with the Florida Dept. of State) 8:49
P20000009953	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
D. Enter was minoral office address if applicable.	N/A
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address	
Name of New Registered Agent	
<u></u>	
(Florida s	rreet address)
New Registered Office Address:	, Florida
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	
Signature of New	Registered Agent, if changing
Check if applicable	

 \square 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 <math>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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Caleb Espinoza	8358 W Oakland Park Blvd #203D
Add			Sunrise, FL 33351
X Remove			
2) Change	P	Todd Shull	8358 W Oakland Park Blvd # 203E
XAdd			Sunrise, FL 33351
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			

Attach additione	I sheets, if necessary).	(Be specific)			
					
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f an amendme	it provides <u>for an exc</u>	<u>hange, reclassifica</u>	tion, or cancellati	on of issued shares.	ı
provisions for	implementing the amo	<u>endment if not cor</u>	tained in the ame	ndment itself:	
(у погаррі	icable, indicate N/A)				
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06/02/2020
The date of each amendment(s) adoption:, if other than the
date this document was signed.
06/12/2020
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) (CHECK ONE)
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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
by"
by" (voting group)
Dated 6-12-2020
Signature (By a director, president or other officer – it 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)
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)

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