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(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates	Certificates of Status		
Special Instructions to	Filing Officer:			
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K.SALY EXAMINER MAR 14

COVER LETTER

Division of Cor			
TRISTAR A SUBJECT:	ACCEPTANCE LLC		
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subi	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ROBERT M. NELSON		
		Name of Person	
	TRISTAR ACCEPTANCE	LLC	
		Firm/Company	
	1645 SE 3RD CT. SUITE 2	204	
		Address	
	DEERFIELD BEACH, FL	33441	
		City/State and Zip Code	
	BNELSON@TRISTARACO		
	E-mail address: (t	to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	all:	
ROBERT NELSON		754 227-8344	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



TRISTAR ACCEPTANCE LLC

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

	OCTOBER 14TH 2012	" Chillips	
The Articles of Organization for this Limited Liability Company w	vere filed on OCTOBER 18TH 2013	and assigned	
Florida document number L13000145750			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abl	oreviation "L.L.C."	
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 off registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		the name of the new	
	Enter Florida street address		
	, Florida City Zip Code		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am f rovided for in Chapter 605, F.S. Or,	amiliar with and 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 Title Type of Action Name **Address** CFO/SECRETARY TIM GAMWELL 1645 SE 3RD CT. SUITE 204 □ Add DEERFIELD BEACH, FL 33441 Remove ☐ Change _□ Add □ Remove **Æ**Change Charge ☐ Add □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change

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Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this ble document's effective date on the De	t be specific and cannot be does not meet the	ne applicable s			
he record specifies a delayed The 90th day after the rec		but not an	effective time, a	t 12:01 a.m. on	the earlier of:
Dated MARCH 8TH	201	6			
	111-	AA			
	HATT W	r h	epresentative of a mer		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00