L17000076505

(Re	equestor's Name)	
(Ad	ldress)	-
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	∋ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne) ,
(Do	ocument Number)	W 010 W
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



100298524631

04/27/17--01017--002 **30.00

TALLAHASSEE, FLORIDA

APR 2 8 2017 S. YOUNG

COVER LETTER

TO: Registration S Division of Co		,	
Tricera Bro	okerage LLC		
SUBJECT:	Name of Lim	ited Liability Company	
Division of Corporations Tricera Brokerage LLC Name of Limited Liability Company he enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: Melissa Mazrim Name of Person Polsinelli PC Firm/Company 150 N. Riverside, Suite 3000 Address Chicago, IL 60606 City/State and Zip Code mmazrim@polsinelli.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: Melissa Mazrim Name of Person Area Code Daytime Telephone Number melosed is a check for the following amount:			
	Melissa Mazrim		
		Name of Person	
	Polsinelli PC		
		Firm/Company	75
	150 N. Riverside, Suite 30	00	THE CORE
		Address	2 SS
	Chicago, IL 60606		7 PR
		City/State and Zip Code	
		to be used for future annual report notifi	cation) 28.
For further information			
Melissa Mazrim		at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
MAII	ING ADDRESS:	STREET/COURIE	CR ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tricera Brokerage LLC		
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our record nited Liability Company)	<u>s.</u>)
·		
The Articles of Organization for this Limited Liability Com	pany were filed on 04/07/2017	and assigned
Florida document number L17000076505		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	1 250
		号 岩
		2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		# File
		2 2
		77
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records	, enter the name of the nev
registered agent and/or the new registered office address	<u>s tiere</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	orida
	City	Zip Code

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Benjamin L Mandell	600 Brickell Avenue, 16th Floor	■ Add
		Miami, FL 33131	☐ Remove
			Change
			Remove
			□ Change
			- Add AEC
			Add ARETARY Remove C
-			Remove Fig. 28
			□ Add
	•		Remove
			Change
			
			Change
			Remove
			Change

D. II an	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	- The state of the	333
	THOR 21 PM 2:	RET
		PACE C
		FLC
	28	FLORIUM
(If an e <u>Note</u>	ive date, if other than the date of filing:(optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.	(3)(b the
(b) Th	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.	1
Date	3 Signature of a member or authorized representative of a member	
	Benjamin Mandell Typed or printed name of signer	

Page 3 of 3

Filing Fee: \$25.00