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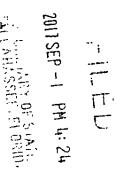
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Tri Star ATM, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Brett K. Findler Name of Person
Findler + Findler PA.
3 Harvard Circle, Suite 100
West Palm Beach Fz 33409
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Brett K. Findler at (5701) 306-4394 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Scriffied Copy (additional copy is enclosed) \$25.00 Filing Fee Certified Copy (additional copy is enclosed) \$25.00 Filing Fee Certified Copy (additional copy is enclosed)

MAILING ADDRESS: 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

	10	•••
ARTIC	LES OF ORGANIZATION	·ILA
	OF	2017 500
. — 1 —		"SEP -/ PH
Tri S	star ATM, LLC	2017 SEP-1 PM 4:2
(Name of the Limited I	liability Company as it now appears on our records Florida Limited Liability Company)	J THASSE OF SIAM
(//-		1 -
The Articles of Organization for this Limited Liabi Florida document number <u>L1700018</u>		and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
LUX ATM I	10	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl		
• • •		
(Principal office address MUST BE A STREET A	(IDDRESS)	
		
Enter new mailing address, if applicable:		_
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or		, enter the name of the new
registered agent and/or the new registered office	e address here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Fla	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

or removed from our records: FILEL MGR = Manager AMBR = Authorized Member 2017 SEP - 1 PM 4: 24 Type of Action **Title** Name <u>Address</u> _□ Remove _□ Change _□ Add □ Remove _□ Change _□ Add ☐ Remove _□ Change □ Add _□ Remove __ Change ☐ Remove _□ Change _□ Add _□ Remove _□ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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	AND AND SEE,
effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date. If the date inserted in this block does not meet the applicable ument's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed
record specifies a delayed effective date, but not an ne 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier
ed aug 31 . 17.	
Signature of a member or authorized	Toppeventative of a number
Signature of a member of amortized	representative of a member

Page 3 of 3

Filing Fee: \$25.00