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To:

Division of Corporations

Fax Number (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

C:1	Addrace.			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TRI-STATE LEASE OPTIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tri-State Lease Options LLC		
(Name of the Limited Liability Compa (A Florida Limited	my as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 07/17/2020	and assigned
Florida document number L20000208794		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	oility company here:	
TriState Acquisitions LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ltty Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		2020 CCT
(Mailing address MAY BE A POST OFFICE BOX)		
		- S - 9 M
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	onice address on our records, re:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida Mreet address	
	, Flor	ida Zip Code
	<del>,</del>	·

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:

<u>Title</u>	Name	Address	Type of Action
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Effective date, if other than the date of filing: _				(optional)			
If an effective date is listed, the date must be specific and can Note: If the date inserted in this block does not meet document's effective date on the Department of State	not be prior to the applicab	date of filing of	more than 90 da ling requiremen	ys after filing	,) Pursuan	t to 605,0 be listed	20° as
ne record specifies a delayed effective date The 90th day after the record is filed.	e, but not a	an effective	e time, at 12	::01 a.m.	on the	earlier	0
Dated 10/29 2	2020						
		•					

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Typed or printed name of signee

Filing Fee: \$25.00