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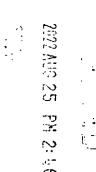
(Requestor's Name)
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COVER LETTER

Registration Section

TO:

Division of Cor	porations				
	tal Lending LLC				
- SUBJECT:	Name of Lim	nited Liability Company	.		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Ira Evan Weintraub, Esqui	re			
		Name of Person			
	Ira Evan Weintraub, P.A.				
·•		Firm/Company			
مُعِيًّا. المعالمة	11555 Heron Bay Bouelvard, Suite 203				
•					
	Parkland, Florida 33076				
		City/State and Zip Code			
ا المس	ira@iewlegal.com	to be used for future annual report not	61		
			incation}		
For further information c	oncerning this matter, please c	all:			
Ira Evan Weintraub, Esq	uire	954 336-9152 at ()			
Name of Person		Area Code Daytin	ne Telephone Number		
المُعَولَ					
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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Karik			•		
Mailing Address		Street Address:	ution		
Registration : Division of C		Registration Se Division of Co			
P.O. Box 632		The Centre of	•		
Tallahassee.			oc Street. Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Triton Capital Lending LLC	143
(Name of the Limited Liability Company as it now appears on our re (A Florida Limited Liability Company)	ecords.)
he Articles of Organization for this Limited Liability Company were filed on 03/16/2022	and assigned [†]
lorida document number 1.22000132948	ு ர
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company here:	
Triton Capital Solutions LLC	
he 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 ADDRESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office address on our records, engent and/or the new registered office address here:	nter the name of the new regis
Name of New Registered Agent:	
Name of New Registered Agent:	
Name of New Registered Agent: New Registered Office Address: Enter Florida street a	ddress
New Registered Office Address:	ddress . Florida

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 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
MGRM	Derek Proto	5300 W Atlantic Avenue	
		Delray Beach, FL 33484	■Remove
		 -	□Change
MGRM	Loma M Affatati	7810 Sequoia Lane	□Add
		Parkland, Florida 33067	■Remove
-			□Change
MGR	Lorna M. Affatati	7810 Sequoia Lane	= Add
		Parkļand, Florida 33067	□Remove
			□ Change
MGR	Daniel Cohen	5300 W. Atlantic Avenue	■Add
		Suite 703	□Remove
		Delray Beach, FL 33484	□ Change
	<u> </u>		□Add
		-	□Remove
		:	Change
		<u> </u>	□Add
		·	□Remove
		8	□ Change

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