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Division of Corporations



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(((H23000108602 3)))



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MAR 2 8 2023

Fax audit # H23000108602 3

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name o	of limited liability Company as it appears o	n the records of the Florida	Department of
State:	HNI Risk Services of Michigan, LLC		
Enter new	principal office address, if applicable:		
	<u>l office address</u> E <u>4 STREET ADDRESS</u>) —		
(Mailing a	mailing address, if applicable: <u>address</u> <u>A POST OFFICE BOX</u>)		
2. The Flo	— orida document number of this limited liabil	ity company is: M120000	01825
3. Junsdie	ction of its organization:		
	athorized to do business in Florida: $3/29/2$	012	
SECTION	N II (5-9 complete only the applicable cha	anges) Coast Advisors, LLC	ompany, ""L.L.C" or "LLC.")
copy of th	inavailable, enter alternate name adopted to be written consent of the managers or manag ain "Limited Liability Company," "L.L.C."	ling members adopting the	business in Florida and attach a alternate name. The alternate nam
6. If amen registered	iding the registered agent and/or registered of agent and/or the new registered office addi	officer address on our recor	ds, enter the name of the new
Name of N	New Registered Agent:		
New Regi	stered Office Address:	r.,	da Street Address
		Enter Fior	
		City	Florida Zip Code
V D	and I Count's Class and I Cohambia Dead		•

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

Thereby accept the appointment as registered agent and agree to act in this capacity. Ifurther 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. Thereby confirm that the limited liability company has been notified in writing of this change,

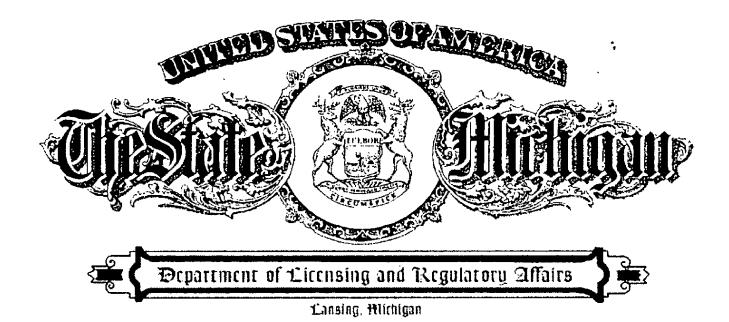
If Changing Registered Agent, Signature of New Registered Agent



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8. If the amendment changes person, title or capacity in accordance with 605,0902 (1)(c), indicate that change;					
Title: Capacity	<u>Name</u>	Address	Type of Actig		
			□Add		
			□Ren		
			Ren		
			ÜAde		
			⊃Ren		
gan ga daga adalaparan ada ada ada ada ada ada ada ada ada a					
			□Ren		
			□Ado		
atorementioned an	the law of which this entity is o	d by the official having custody of records in th			

Filing Fee: \$25.00



This is to Certify That

TRICOAST ADVISORS, LLC

was validly organized as a Michigan limited liability company on February 23, 2011.

I FURTHER CERTIFY that a Certificate of Amendment to the Articles of Organization was filed on November 22, 2022, with an effective date of November 28, 2022, amending Article I, changing the limited liability company name from HNI RISK SERVICES OF MICHIGAN, LLC to TRICOAST ADVISORS, LLC.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by electronic transmission

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 21st day of March, 2023.

Linda Clegg, Director Corporations, Securities & Commercial Licensing Bureau