

M1700000 1234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

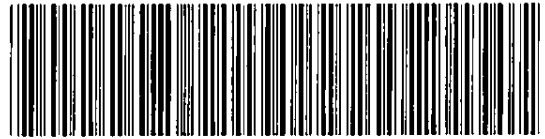
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2024 NOV 18 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CT CORP
(850) 656-4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 11/18/2024

Acc#I20160000072

en: c DW

Name:	FLECK HOLDINGS, LLC
Document #:	
Order #:	15976662

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

Availability _____
 Document _____
 Examiner _____
 Updater _____
 Verifier _____
 W.P. Verifier _____
 Ref# _____

Amount: \$ **55.00**

Thank you!

**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 of limited liability Company as it appears on the records of the Florida Department of

State: FLECK HOLDINGS, LLC

Enter new principal office address, if applicable: _____

*(Principal office address
MUST BE A STREET ADDRESS)*

7467 RIDGE RD STE 120

Hanover, MD 21076

Enter new mailing address, if applicable: _____

*(Mailing address
MAY BE A POST OFFICE BOX)*

7467 RIDGE RD STE 120

Hanover, MD 21076

2. The Florida document number of this limited liability company is: M17000001234

3. Jurisdiction of its organization: MARYLAND

4. Date authorized to do business in Florida: 02/01/2017

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TALLAHASSEE, FLORIDA

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Trisource, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida Street Address

_____, Florida _____
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.

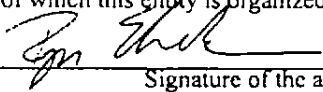
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Ryan Eckenrode

Typed or printed name of signee

Filing Fee: \$25.00

STATE OF MARYLAND
Department of Assessments and Taxation

I, Daniel K. Phillips, Director of the State Department of Assessments and Taxation, hereby certify that the attached document, consisting of 1 pages, inscribed with the same Authentication Code, is a true copy of the public record of the

ARTICLES OF AMENDMENT / NAME CHANGE-DOMESTIC LLC

for
TRISOURCE, LLC

(Department ID: **W10808467**)

I further certify that this document is a true copy generated from the online service with the State Department of Assessments and Taxation.

In witness whereof, I have hereunto subscribed my signature and affixed the seal of the State Department of Assessments and Taxation of Maryland at Baltimore on this November 13, 2024.



Daniel K. Phillips
Director



700 East Pratt Street, 2nd Flr, Ste 2700, Baltimore, Maryland 21202
Telephone Baltimore Metro (410) 767-1344 / Outside Baltimore Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 T1/Voice

Online Certificate Authentication Code: vffdZ3LmXEWlh7iwAquYaw
To verify the Authentication Code, visit <http://dat.maryland.gov/verify>

Certified Documents with a verifiable Authentication Code are Official, State-Approved Documents

ARTICLES OF AMENDMENT

OF

FLECK HOLDINGS, LLC

A Maryland Limited Liability Company

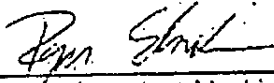
FLECK HOLDINGS, LLC (the "Company"), a Maryland Limited Liability Company, hereby certifies to the State Department of Assessments and Taxation of Maryland that the Articles of Organization of the Company are amended as follows:

FIRST: The Articles of Organization are hereby amended as follows: The name of the limited liability company (hereinafter referred to as the "Company") is TRISOURCE, LLC.

SECOND: The undersigned acknowledges that this is an act of the above-named limited liability company, and verifies, under the penalties of perjury, that the matters and facts stated herein, which require such verification, are true and accurate, to the best of his knowledge, information and belief.

IN WITNESS WHEREOF, the Company has caused these presents to be signed in its name and on its behalf by its Manager, an authorized person.

FLECK HOLDINGS, LLC

By: 
Ryan Eckenrode, Authorized Person