

L11 0000 57206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

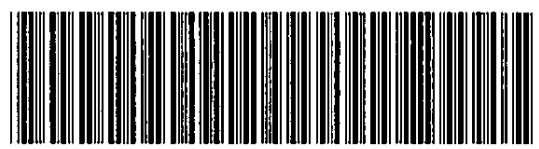
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 MAY 15 AM 9:19

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Brainstorms Unlimited, 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:

Adam Posey

Name of Person

Brainstorms Unlimited, LLC

Firm/Company

30 Easy Street

Address

Elkins, WV 26241

City/State and Zip Code

adam@mettadopt.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam Posey

Name of Person

at **(304) 940-2085**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &
Certificate of Status

\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$60.00 Filing Fee,
Certificate of Status &
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
ARTICLES OF ORGANIZATION
OF**

Brainstorms Unlimited, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/16/2011 and assigned Florida document number L1100005726.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Mettadopt, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

30 Easy Street

(Principal office address MUST BE A STREET ADDRESS)

Elkins, WV 26241

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office 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:

Adam Posey

New Registered Office Address:

10117 Lithia Pinecrest Road

Enter Florida street address

Lithia

City

Florida 33547

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.

Adam Posey

If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE
SECRETARY OF STATE
FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Adam Vincent Posey	30 Easy Street	<input checked="" type="checkbox"/> Add
		Elkins, WV 26241	<input type="checkbox"/> Remove
AMBR	Adam Vincent Posey	30 Easy Street	<input checked="" type="checkbox"/> Add
		Elkins, WV 26241	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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 STATE OF FLORIDA
 TALLAHASSEE
 FILED

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

The Board of Directors has elected to change ownership
of the firm currently named Brainstorms Unlimited, LLC and
being changed with this document to Mettadopt, LLC to:
55% Ownership to Jonathan Blair Halprin,
45% Ownership to Adam Vincent Posey,

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated May 13 2014



Signature of a member or authorized representative of a member

Jonathan Halprin

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA