

L14000036002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

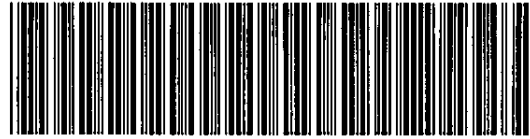
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

MAY 13 2014

T. CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADAPTIV, 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:

Leah Olszewski

Name of Person

ADAPTIV, LLC.

Firm/Company

2397 Placid Drive

Address

Fort Walton Beach, FL 32547

City/State and Zip Code

leah.marie.olszewski@gmail.com

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

For further information concerning this matter, please call:

Leah Olszewski

Name of Person

Area Code

702 513-8554

Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

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)

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ADAPTIV, 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 March 4, 2014 and assigned
Florida document number L14000036002

This amendment is submitted to amend the following:

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

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

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

New Registered Office Address:

Enter Florida street address

City, Florida 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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Michael J. Dougherty	2397 Placid Drive Fort Walton Beach, FL 32547	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	Jesse Pickerill	300 Cherry Blossom Court Richlands, NC 28574	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	Chris Butler	7984 Villanow Drive Sanford, NC 27332	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	Leah M. Olszewski	2397 Placid Drive Fort Walton Beach, FL 32547	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Leah Olszewski	2397 Placid Drive Fort Walton Beach, FL 32547	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

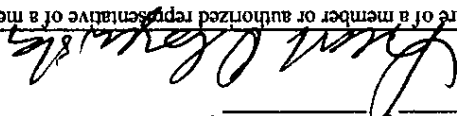
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 STATE OF FLORIDA
 TALLAHASSEE

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

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 1 2014

Signature of a member or authorized representative of a member



Leah Olszewski

Typed or printed name of signer

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA