

M13 000006100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

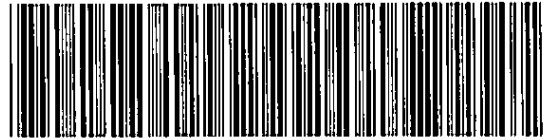
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

Handwritten signature/initials

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADCAP HOLDINGS, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GUSTAVO DOMINGUEZ

Name of Person

HOLISTIC WM HOLDINGS, LLC

Firm/Company

800 BRICKELL AVENUE, STE 502

Address

MIAMI, FL 33131

City/State and Zip Code

atorres@ad-cap.com

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

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For further information concerning this matter, please call:

GUSTAVO DOMINGUEZ at (305) 374-1177
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☒ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**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: Adeap Holdings, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M13000006100

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 09/24/2013

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

5. New name of the limited liability company: HOLISTIC WM HOLDINGS, 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>
MGRM	JUAN MARTIN MOLINARI	701 BRICKELL AVENUE, STE 850	<input type="checkbox"/> Add
		MIAMI, FL 33131	<input checked="" type="checkbox"/> Remove
MGRM	DANIEL CANEL	701 BRICKELL AVENUE, STE 850	<input type="checkbox"/> Add
		MIAMI, FL 33131	<input checked="" type="checkbox"/> Remove
MGRM	VIRGINIA MARIA HUGHES	800 BRICKELL AVENUE, STE 502	<input type="checkbox"/> Add
		MIAMI, FL 33131	<input checked="" type="checkbox"/> Remove
MGRM	DIEGO FACUNDO	800 BRICKELL AVENUE, STE 502	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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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

GUSTAVO DOMINGUEZ

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "ADCAP HOLDINGS, LLC", CHANGING ITS NAME FROM "ADCAP HOLDINGS, LLC" TO "HOLISTIC WM HOLDINGS, LLC", FILED IN THIS OFFICE ON THE SEVENTH DAY OF MAY, A.D. 2021, AT 11 O'CLOCK A.M.

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TALLAHASSEE, FL



5305714 8100
SR# 20211657176

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 203499104
Date: 06-22-21

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: Adcap Holdings, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The entity's name is changed to Holistic WM Holdings, LLC

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TALLAHASSEE, FL

FILED

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 3rd day of May, A.D. 2021

By: _____


Authorized Person(s)

Name: Gustavo Dominguez

Print or Type