

M14000001420

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800)221-2972  
Fax Number : (917)243-5843

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

SECRETARY OF STATE  
FALLAHASSEE, FLORIDA

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
D4 LLC OF NEW YORK

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$25.00

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FALLAHASSEE, FLORIDA

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K. SALY

NOV 19 2021

# 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: D4 LLC OF NEW YORK

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: M14000001420

3. Jurisdiction of its organization: NEW YORK

4. Date authorized to do business in Florida: 02/28/2014

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

5. New name of the limited liability company: ADO TRANSITION, 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

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TALLAHASSEE, FLORIDA

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

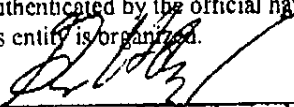
\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), 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
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<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

Gregory D. Holland

Typed or printed name of signee

Filing Fee: \$25.00

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROSSANA ROSADO, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: ADO TRANSITION, LLC  
 DOS ID Number: 2166873  
 Entity Type: DOMESTIC LIMITED LIABILITY COMPANY  
 Entity Status: EXISTING  
 Date of Initial Filing with DOS: 07/30/1997  
 Statement Status: CURRENT  
 Statement Due Date: 07/31/2023

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type: ARTICLES OF ORGANIZATION  
 Date of Filing: 07/30/1997  
 Entity Name: DOCULEGAL LLC

Document Type: CERTIFICATE OF AMENDMENT  
 Date of Filing: 10/01/1997

Document Type: AFFIDAVIT OF PUBLICATION  
 Date of Filing: 10/17/1997

Document Type: AFFIDAVIT OF PUBLICATION  
 Date of Filing: 10/17/1997

**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 07/27/1999  
**Effective Date:** 07/01/1999

**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 07/11/2001  
**Effective Date:** 07/01/2001

**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 05/29/2008  
**Effective Date:** 07/01/2007

**Document Type:** CERTIFICATE OF AMENDMENT  
**Date of Filing:** 06/03/2008  
**Name Changed To:** JTSSO HOLDINGS LLC

**Document Type:** CERTIFICATE OF AMENDMENT  
**Date of Filing:** 12/30/2008  
**Name Changed To:** D4 LLC

**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 02/24/2010  
**Effective Date:** 07/01/2009

**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 08/12/2011  
**Effective Date:** 07/01/2011

**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 07/30/2013  
**Effective Date:** 07/01/2013

**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 07/06/2015  
**Effective Date:** 07/01/2015

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**Document Type:** CERTIFICATE OF CHANGE  
**Date of Filing:** 12/19/2016

**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 08/02/2017  
**Effective Date:** 07/01/2017

**Document Type:** CERTIFICATE OF CHANGE (BY AGENT)  
**Date of Filing:** 01/28/2019

**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 07/23/2019  
**Effective Date:** 07/01/2019

**Document Type:** CERTIFICATE OF MERGER  
**Date of Filing:** 10/30/2020  
**Effective Date:** 10/31/2020  
**Name Changed To:** D4 LLC

**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 10/13/2021

**Document Type:** CERTIFICATE OF AMENDMENT  
**Date of Filing:** 10/20/2021  
**Name Changed To:** ADO TRANSITION, LLC

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TALLAHASSEE, FLORIDA

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Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State, at the City of Albany, on November 04, 2021 at 04:37 P.M.

ROSSANA ROSADO, Secretary of State



*Brendan C. Hughes*

By Brendan C. Hughes  
Executive Deputy Secretary of State

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