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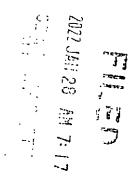
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Special Instructions to Fil	ling Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Sec Division of Corp		RECEIVED
ADAP	TIA LLC	·
SUBJECT:	· · · · · · · · · · · · · · · · · · ·	2022 JAN 28 AM 8: 59
	Name of Limited Liabil	SECRETARY OF STATE TALLAHASSEE, FL
The enclosed Articles of A	Amendment and fee(s) are submitted fo	or filing.
Please return all correspon	ndence concerning this matter to the fol	llowing:
	SERGIO STEPHANO	
	Na	ame of Person
	ADAPTIA LLC	·
	Fi	irm/Company
	2292 FARADAY AVE	
•		Address
	CARLSBAD, CA 92008	
	City/St ACCOUNTS@ADAPI'IADESIGN.	tate and Zip Code .COM
	E-mail address: (to be used	d for future annual report notification)
For further information co	oncerning this matter, please call:	
SERGIO STEPHANO		732 567-0876
Name of	· · · · · · · · · · · · · · · · · · ·	at () Area Code Daytime Telephone Number
Enclosed is a check for th	e following amount:	
■ 825.00 Filing Fee	Certificate of Status C	55.00 Filing Fee & S60.00 Filing Fee, Certified Copy additional copy is enclosed) Certified Copy (additional copy is enclosed)
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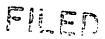
Mailing Address:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 JAH 28 AM 7: 17 ADAPTIA 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 and assigned Florida document number L21000507673 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ADAPTIA DESIGN LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida _

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Et the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ument's effective date on the Department of State's records.	N/	ding any other informat A				
crive date, if other than the date of filing: [Infective date, if other than the date of filing: [Infective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.([Infective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.([Infective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.([Infective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) [Infective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) [Infective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) [Infective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) [Infective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) [Infective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) [Infective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) [Infective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) [Infective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) [Infective date is listed, the date of filing or more than 90 days after filing.) [Infective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) [Infective date is listed, the date is listed.] [Infective date is listed, the date is listed.] [Infective date is listed, the date is listed.]						
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COVER LETTER

TO: Registration Section Division of Corporations

ADAPTIA LLC

SUBJECT:			
	Name of Limi	ted Liability Company	
	Amendment and fee(s) are subrondence concerning this matter t	<u> </u>	2022 JAN 28 SECRETAR
	SERGIO STEPHANO		SSE TANK
	ADAPTIA LLC	Name of Person	8: 59 S.(ATE
	2292 FARADAY AVE	Firm/Company	
	CARLSBAD, CA 92008	Address	
·	ACCOUNTS@ADAPTIAD	City/State and Zip Code ESIGN.COM o be used for future annual report notification)	
SERGIO STEPHANO	concerning this matter, please ca	at ()	
Name (of Person	Area Code Daytime Telephone N	Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	■ \$38.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	0.00 Filing Fee, entificate of Status & entified Copy is enclosed)
Mailing Address Registration of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, St	

Tallahassee, FL 32303