

Division of Corporations

<https://efile.sunbiz.org/scripts/efilcovr.exe>

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

LOG 0000004528

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000068470 3)))



H220000684703ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.
Account Number : 073222003555
Phone : (561) 686-3307
Fax Number : (561) 290-1590

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

Email Address:

bmann@nasonyeager.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ADIL, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

2022 FEB 22 AM 11:14

RECEIVED
FLORIDA DEPARTMENT OF STATE
2022 FEB 22 PM 4:38

2022 FEB 22 PM 4:38

APPROVED
AND
FILED

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ADIL, 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 April 17, 2000 and assigned
Florida document number L00000004528.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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)

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:

Nason Yeager Gerson Harris & Fumero PA

New Registered Office Address:

3001 PGA Boulevard, Suite 305

Enter Florida street address.

Palm Beach Gardens

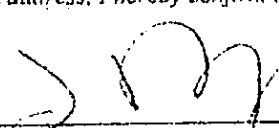
City

Florida 33410

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

APPROVED
AND
FILED

2022 FEB 22 PM 4:38

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------|-------------------|--|
| MGR | Trevor Thomas | 108 Albacore Lane | <input checked="" type="checkbox"/> Add |
| | | Jupiter FL 33477 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Angeline Dilallo | 108 Albacore Lane | <input type="checkbox"/> Add |
| | | Jupiter FL 33477 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

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

Article V is amended as follows:

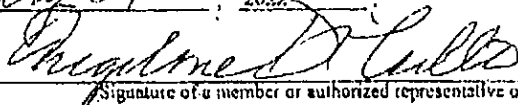
The management of this Company shall be vested in a manager who is Trevor Thomas.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inscribed in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated: February 21, 2022

Signature of a member or authorized representative of a member

Angelina DiLullo

Typed or printed name of signer

Filing Fee: \$25.00