Division of Corporations



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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023

Phone : (614)280-3338 Fax Number : (954)208-0845

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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ADAPCO, LLC

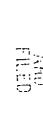
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## ARTICLES OF AMENDMENT OT ARTICLES OF ORGANIZATION **OF**

ADAPCO, LJ.C			
(Name of the Limited List (A Fior	ollity Company as it now appears on our recida Limited Liability Company)	ords.)	
The Articles of Organization for this Limited Liability Florida document numberL16000226827	Company were filed on 12/09/2016	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the ii	mited liability company here:		
The new name must be distinguishable and contain the words "I	imited Liability Company." the designation "L	LC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
		20.	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		·	
B. If amending the registered agent and/or reqregistered agent and/or the new registered office ad  Name of New Registered Agent:		rds, enter the name of the new	
New Registered Office Address:			
	Enter Florikla street ada	iress	
		. Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Registe	red Agent:		
I hereby accept the appointment as registered ages provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	l complete performance of my duties, agent as provided for in Chapter 60 tred office address, I hereby confirm	and I am familiar with and 5, F.S. Or, if this document is	
	If Changing Registered Agent, Signatu	re of New Registered Agent	
	Page 1 of 3		

- - - -- -

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>	Name	Address	Type of Action
Manager	Terence P. Morianty	262 Harbor Drive	□ Add
		Stamford, CT 06902	
			☐ Change
Manager	Albert P Eure III	262 Harbor Drive	
		Stamford, CT 06902	☐ Remove
			□ Change
<del></del> -			Add
		Change CO	
	**************************************		□ Add P
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fertive date, if other than the date of filing:  an effective date is listed, the date must be specific and carnot be prior  ate: If the date inserted in this block does not recet the applic  comment's effective date on the Department of State's records.	date of filing or more than 90 days after	tional) er filing.) Pursuant to 605.0207 is date will not be listed as
record specifies a delayed effective date, but no The 90th day after the record is filed.	an effective time, at 12:01	a.m. on the earlier o
June 24 2019		
1.11 8.00 - 4	to the Trans	
Signature of a member or with	reed representative of a member	all the space of t
and the second s		

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