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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
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PICK-UP	MAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	





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COVER LETTER

	Registration Se Division of Cor			
SUD IEC		E INTELLIGENCE LLC		
SUBJEC	.1:	Name of Lin	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	turn all correspo	ndence concerning this matter	to the following:	
		Arthur Russell Rogers		
			Name of Person	
		ADAPTIVE INTELLIGE	NCE LLC	
			Firm/Company	
		1500 LOCUST ST APT 3	3912	
			Address	
		PHILADELPHIA, FL 191	02	
			City/State and Zip Code	
		russ@adaptiveintelligence.i		
		E-mail address: (to be used for future annual report notifi	cation)
For furthe	r information co	oncerning this matter, please ca	all:	
Arthur Ri	issell Rogers		813 843-4400	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed :	is a check for th	e following amount:		
\$25,0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
				٠,

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ADAPTIVE INTELLIGENCE LLC			
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 01/22/2018	and assigned	
Florida document number L18000018686			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbr	eviation "L.L.C."	_
Enter new principal offices address, if applicable:	2002 E 5TH AVE #103 Suite B		
(Principal office address MUST BE A STREET ADDRESS)	TAMPA, Florida 33605		_
Enter new mailing address, if applicable:	2002 E 5TH AVE #103 Suite B		_
(Mailing address MAY BE A POST OFFICE BOX)	TAMPA, Florida 33605		-
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent:	ffice address on our records, enter the:	18 FE8	new BIVISION O
New Registered Office Address:	Enter Florida street address	<u> </u>	
	, Florida	PH	387 O.
	City	کن Zip Code	
lew Registered Agent's Signature, if changing Registered Agent:		(%)	7

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

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
MGR	Alexander Soroka	952 Mockingbird Lane #603	
		Plantation, FL 33324	□ Remove
			□ Change
			□ Remove
	,		Change
••			□ Add
1			□ Remove
			☐ Change
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			PH STATE Change

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tive date, if other than the	date of filing:	(op	tional)
	t be specific and cannot be prior to dat ock does not meet the applicable s		
ment's effective date on the De	epartment of State's records.		
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cord specifies a delayed e 90th day after the reco	effective date, but not an	effective time, at 12:01	. a.m. on the earlie
socii day arcei tile reco	nu is meu.		
February 21	2018		
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(h	Ill K		
	Signature of a member of authorized	representative of a member	
			CO •
Arthur Russell Rogers			· ·

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Filing Fee: \$25.00