

W19000029414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

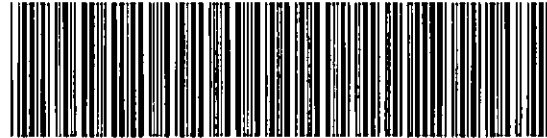
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100393699611

81 1000 0000 0000 0000

FILED
202 SEP -1 PM 3:27
CLERK OF STATE
TALLAHASSEE, FL

R. HUNT
09/01/22

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADAPTOGENFITNESS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSEPH LONG
Name of Person

ADAPTOGENFITNESS LLC
Firm/Company

201 Harbor City PKWY F 323
Address

INDIAN HARBOR BEACH
City/State and Zip Code

JOEBIRD383@Gmail.com
E-mail address: (to be used for future annual report notification)

RECEIVED
JAN 11 PM 3:27
TALLAHASSEE, FL

For further information concerning this matter, please call:

JOSEPH LONG at (321) 591 3315
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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**

ADAPTIDGENFITNESS 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 1/29/2019 and assigned
Florida document number L19000029414.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

RENEGADE HEALTH & WELLNESS L.L.C.
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)

480 Norwood Ave
Satellite Beach FL 32937

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

480 Norwood Ave
Satellite Beach FL 32937

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:

JOSEPH LONG

New Registered Office Address:

480 Norwood Ave

Enter Florida street address

SATELLITE BEACH

City

Florida

32937

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.

JOSEPH LONG

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Miller, Brett	3999 NORTH HARBOR	<input type="checkbox"/> Add
		city BLVD. MELBOURNE,	<input checked="" type="checkbox"/> Remove
		FL 32935	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2022 SEP 1 PM 3:27
CLERK OF STATE
TAMMSEE, FL
RECEIVED

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

I AM CHANGING THE NAME FROM ADAPTOGENFITNESS
TO RENEGADE HEALTH & WELLNESS LLC

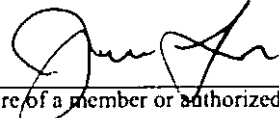
FILED
2022 SEP -1 PM 3:27
CLERK OF STATE
TALLAHASSEE, FL

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 inserted 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 8, 29, 2022


Signature of a member or authorized representative of a member

JOSEPH LAW
Typed or printed name of signee