

L19 000263593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

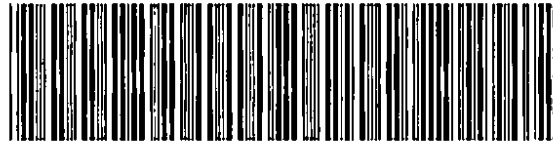
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/12/19--01012--005 ***25.00

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2019 JAN -3 PM 2:04

FILED

JAN 07 2020
TALLAHASSEE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 13, 2019

DANEEN MUSOLINO
P.O. BOX 1375
PT ST JOE, FL 32456

SUBJECT: ADEODATUS, LLC
Ref. Number: L19000263593

We have received your document for ADEODATUS, LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

If you are wanting to add yourself as a authorized representative you must file an amendment to the LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 519A00025335

2020 JAN 23 PM 4:00

RECEIVED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Adeodatus, 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 10/21/19 and assigned
Florida document number L19000263593

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:

New Registered Office Address:

Enter Florida street address

Florida

City

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

_____ ☐ Change

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

Please ensure 1, Daneen Musolino, is added as an authorized agent/mgr., as listed in the enclosed documents.

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

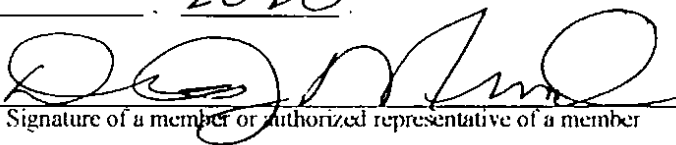
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

3. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

a) The 90th day after the record is filed.

Dated Jan 1, 2020.


Signature of a member or authorized representative of a member

Daneen Musolino
Typed or printed name of signee