# 120000105330

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# FLORIDA FILING & SEARCH SERVICES, INC.

## P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 11/12/20

NAME: ADASA CAPITAL LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE Whire Holgh

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Adasa Capital LLC		
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company were filed on $\frac{04/1}{1}$	6/2020	and assigned
lorida document number L20000105330		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liability company her	<u>e</u> :	
he new name must be distinguishable and contain the words "Limited Liability Company," the des	signation "LLC" or the abbrevia	tion "L.L.C."
Inter new principal offices address, if applicable:	<u> </u>	2
Principal office address MUST BE A STREET ADDRESS)	- 6. 67	)20
	- , ,	e n
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Inter new mailing address, if applicable:		₹ 177
Mailing address MAY BE A POST OFFICE BOX)	[*]	ت ي
	구원	<u> </u>
3. If amending the registered agent and/or registered office address on our registered agent and/or the new registered office address here:	cords, <u>enter the name of t</u>	he new regis
Name of New Registered Agent:		
New Registered Office Address:  Enter Floria	la street address	<u> </u>
City	, Florida	r 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 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>	Type of Action
MGR	Alan Dahdah	17121 Collins Av. Sunny Isles Beach, FL. 33160	<b>=</b> Add
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Signature of a member or authorized representative of a member	MATTER STATE OF THE STATE OF TH			

Filing Fee: \$25.00