L22000094071

((Requestor's Name)
. ((Address)
	(Address)
((City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
((Business Entity Name)
·	
ţ	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer
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	J. HORNE
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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

ADE CON	TINUUM LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Dirk Illya Cheeatow		
		Name of Person	
	ADE CONTINUUM LLC		
		Firm/Company	
	4798 SW 183rd Avenue		
		Address	
	Miramar, FL 33029		
		City/State and Zip Code	
	dirkchee-a-tow@pascargou		
r		to be used for future annual report no	offication)
For further information c	oncerning this matter, please c	au:	
Dirk Illya Checatow		305 994-7232 at ()	
Name o	d Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 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)
Mailing Address		Street Address: Registration S	action
Registration : Division of C		Registration S Division of Co	
P.O. Box 632	•	The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ADE CONTINUUM LLC

company has been notified in writing of this change.

ARTICLE	S OF AMENDMENT	
	TO	3993
ARTICLES	OF ORGANIZATION	
	OF	
ADE CONTINUUM LLC		records.)
(Name of the Limited Liabilit	ty Company as it now appears on our Limited Liability Company)	records.)
(A rionda	Limited Elabinty Company)	題号一
The Articles of Organization for this Limited Liability Co	ompany were filed on $\frac{02/17/2022}{}$	gand oned on
Florida document number L22000094071		温量門
	_	
This amendment is submitted to amend the following:		· 2
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited 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 ADDR	<u> </u>	
	 	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records,	enter the name of the new registered
agent and/or the new registered office address here.		
Name of Name Descriptions I Amount		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered	d Agent:	
I hereby accept the appointment as registered agent of		
provisions of all statutes relative to the proper and co accept the obligations of my position as registered as		· ·
accept the obligations of my position as registered as	gent as proviaeu jor in Unapier	oos, r.s. Or, y was accument is

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR/AMBR	Asa Paul Brouet	4798 SW 183rd Ave	■Add
		Miramar, FL 33029	□Remove
MGR/AMBR	Eldon Gary Marks	4798 SW 183rd Av	≡ Add
		Miramar, FL 33029	□Remove
			□ Change
			□Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	Change
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	ve date, if other than the datective date is listed, the date must be	specific and cannot be pri			ing.) Pursuant to 605.0207
an effec ote: I	If the date inserted in this block int's effective date on the Depar			g requirements, this o	ate will not be listed as
an effec ote: I ocume record	If the date inserted in this block int's effective date on the Depar specifies a delayed effective da	rtment of State's record	ds.		
an effect ote: I ocume record is file	If the date inserted in this block int's effective date on the Depar specifies a delayed effective da	rtment of State's record ate, but not an effective	ds. e time, at 12:01 a.m. c		
an effect ote: I ocume record is file	If the date inserted in this block int's effective date on the Department's effective date on the Department specifies a delayed effective dated. 10-06	rtment of State's record ate, but not an effective	ds.		
an effection of the contract o	If the date inserted in this block int's effective date on the Department's effective date on the Department specifies a delayed effective dated. 10-06	rtment of State's record ate, but not an effective	e time, at 12:01 a.m. o	on the earlier of: (b)	

Filing Fee: \$25.00