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(Document Number)	
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04/11/24--01013--001 ***25.00



FILED

COVER LETTER

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TO: **Registration Section Division of Corporations**

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Adaptogenation, LLC

SUBJECT:

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:

	Catherine Agacinski		
		Name of Person	
	Adaptogenation, LLC	٠	
		Finn Company	
	1325 W. Cass Street		
Tampa, Florida 33606		Address	
		City/State and Zip Code	
	cathy@silveragacinski.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	concerning this matter, please e	all:	
Catherine Agacinski		813 259-9863 at ()	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	he following amount:	•	
XS25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	560.00 Filing Fee, Certificate of Status & Certified Copy

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

(additional copy is enclosed)

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Adaptogenation, LEC	F 2024 APR 11 AV as it now appears on our records.) (ability Company) (1) (1) (1) (1) (1) (1) (1) (1
(<u>Name of the Limited Liability Compa</u> (A Fiorida Limited L	ny as it now appears on our records.)
	and the second se
The Articles of Organization for this Limited Liability Company	were tiled on <u>June 1, 2023</u> and assigned
Florida document number L23000304423	ť
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
Adaptogensation, LLC	
The new name must be distinguishable and contain the worus "Limited Liabili	ty Company." the designation "LLC" or the abbreviation "L F 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 ad	idness on our records, anter the name of the new registered
agent and/or the new registered office address here:	the ess on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida sweet address

City

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

, Florida _

Zıp Code

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
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<u>Title</u>	Name	Address	Type of Action
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			🖸 Remove
			IChange
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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 April 2	2024	
	Signations of a member of a member	-
Catherine F. Agacinski	·	

Typed or printed name of signee

'Page 3 of 3

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