LESTLE	13011123
(Requestor's Name) (Address) (Address)	100433623091
(City/State/Zip/Phone #)	07/24/2401019002 **30.00
(Document Number)	
Office Use Only	12UNT 07/24/24

•	C	COVER LETTER			
O: Registration Sec Division of Corp					
Adaptogens					
SUBJECT:	Name of Limit	ted Liability Company			
	Amendment and fee(s) are subr				
lease return all correspo	ndence concerning this matter t	o the following:			
	Catherine F. Agacinski				
		Name of Person	,		
	·····	Firm/Company			
	1325 W. Cass Street				
		Address			
	Tampa		<u></u>		
	eathy@silveragacinski.com	City/State and Zip Code			
		to be used for future annual report n	otification)		
For further information e	oncerning this matter, please ca	all:			
Catherine Agacinski		813 259-9863 at ()			
Name o	f Person	Area Code Day	ime Telephone Number		
Enclosed is a check for the			•		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)		
<u>Mailing Addre</u> Registration		<u>Street Address</u> Registration			
Division of C	Corporations	Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810			
P.O. Box 63.					
Tallahassee.	FL 32314				
	FL 52514	Tallahassee,	FL 32303		

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Adaptogensation, LLC			
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records. I Liability Company)	_)	
The Articles of Organization for this Limited Liability Compan	y were filed on <u>April 11, 2024</u>	an	d assigned
Plorida document number L23000304423			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited lia</u>	bility company here:		
Adaptogen Station, LLC			
The new name must be distinguishable and contain the words "Limited Lia	hility Company," the designation "LLC"	or the abbreviati	on "E.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)		·	<u>.</u>
		· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:		2	<u>22</u>
Mailing address MAY BE A POST OFFICE BOX)	- <u></u>	., ., .	<u>., (</u> ,
			···· <u> </u>
			r.5
B. If amending the registered agent and/or registered offic	e address on our records, <u>enter t</u>	the name of th	e new registe
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Flo	orida	
	City	Zip	Code

New Registered Agent's Signature, if changing Registered Agent:

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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

. . . .

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

•

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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.

July 17	2024	
	Signature As membre or authorsed representative	of a member
Catherine F. Agad		•
<u> </u>	Typed or printed name of signee	

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