

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (917)243-5843

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
D4 LLC OF NEW YORK**

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$25.00

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Corporate Filing Menu

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2021 NOV 16 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 NOV 16 PM 12:54

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: D4 LLC OF NEW YORK

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M14000001420

3. Jurisdiction of its organization: NEW YORK

4. Date authorized to do business in Florida: 02/28/2014

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: ADO TRANSITION, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

City

Florida

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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

Gregory D. Holland

Typed or printed name of signee

Filing Fee: \$25.00

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROSSANA ROSADO, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: ADO TRANSITION, LLC
DOS ID Number: 2166873
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Entity Status: EXISTING
Date of Initial Filing with DOS: 07/30/1997
Statement Status: CURRENT
Statement Due Date: 07/31/2023

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type: ARTICLES OF ORGANIZATION
Date of Filing: 07/30/1997
Entity Name: DOCULEGAL LLC

Document Type: CERTIFICATE OF AMENDMENT
Date of Filing: 10/01/1997

Document Type: AFFIDAVIT OF PUBLICATION
Date of Filing: 10/17/1997

Document Type: AFFIDAVIT OF PUBLICATION
Date of Filing: 10/17/1997

Document Type: BIENNIAL STATEMENT
Date of Filing: 07/27/1999
Effective Date: 07/01/1999

Document Type: BIENNIAL STATEMENT
Date of Filing: 07/11/2001
Effective Date: 07/01/2001

Document Type: BIENNIAL STATEMENT
Date of Filing: 05/29/2008
Effective Date: 07/01/2007

Document Type: CERTIFICATE OF AMENDMENT
Date of Filing: 06/03/2008
Name Changed To: JTSS HOLDINGS LLC

Document Type: CERTIFICATE OF AMENDMENT
Date of Filing: 12/30/2008
Name Changed To: D4 LLC

Document Type: BIENNIAL STATEMENT
Date of Filing: 02/24/2010
Effective Date: 07/01/2009

Document Type: BIENNIAL STATEMENT
Date of Filing: 08/12/2011
Effective Date: 07/01/2011

Document Type: BIENNIAL STATEMENT
Date of Filing: 07/30/2013
Effective Date: 07/01/2013

Document Type: BIENNIAL STATEMENT
Date of Filing: 07/06/2015
Effective Date: 07/01/2015

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Document Type: CERTIFICATE OF CHANGE
Date of Filing: 12/19/2016

Document Type: BIENNIAL STATEMENT
Date of Filing: 08/02/2017
Effective Date: 07/01/2017

Document Type: CERTIFICATE OF CHANGE (BY AGENT)
Date of Filing: 01/28/2019

Document Type: BIENNIAL STATEMENT
Date of Filing: 07/23/2019
Effective Date: 07/01/2019

Document Type: CERTIFICATE OF MERGER
Date of Filing: 10/30/2020
Effective Date: 10/31/2020
Name Changed To: D4 LLC

Document Type: BIENNIAL STATEMENT
Date of Filing: 10/13/2021

Document Type: CERTIFICATE OF AMENDMENT
Date of Filing: 10/20/2021
Name Changed To: ADO TRANSITION, LLC

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TALLAHASSEE, FLORIDA

Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department
of State, at the City of Albany, on November 04, 2021
at 04:37 P.M.



ROSSANA ROSADO, Secretary of State

Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State

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