

11/5/2020

Division of Corporations

M19000011494

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 : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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2020 NOV -6 AM 8:01
CITIZEN

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MAINSTREAM SYSTEMS, L.L.C

Certificate of Status	0
Certified Copy	1
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2020 NOV -6 AM 8:01

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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

Mainstream Systems, LLC

State: _____

Enter new principal office address, if applicable: 140 Commerce Drive

(Principal office address

MUST BE A STREET ADDRESS)

Rochester, NY 14623

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

140 Commerce Drive

Rochester, NY 14623

2. The Florida document number of this limited liability company is: M19000011494

3. Jurisdiction of its organization: Kentucky

4. Date authorized to do business in Florida: December 3, 2019

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

5. New name of the limited liability company: Adaptec Solutions, 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

Florida

City

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.

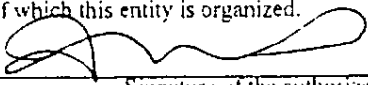
If Changing Registered Agent, Signature of New Registered Agent

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
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_____	_____	_____	<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.

 11/4/2020

 Signature of the authorized representative

Imran Parekh

Typed or printed name of signee

Filing Fee: \$25.00



Michael G. Adams
Secretary of State

Certificate

I, Michael G. Adams, Secretary of State for the Commonwealth of Kentucky, do hereby certify that the foregoing writing has been carefully compared by me with the original thereof, now in my official custody as Secretary of State and remaining on file in my office, and found to be a true and correct copy of

ARTICLES OF AMENDMENT OF

MAINSTREAM, LLC CHANGING NAME TO ADAPTEC SOLUTIONS, LLC FILED
JULY 31, 2020.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my
Official Seal at Frankfort, Kentucky, this 5th day of November, 2020.



Michael G. Adams

Michael G. Adams
Secretary of State
Commonwealth of Kentucky
jclark/1069840 - Certificate ID: 238075

1069840.06	vmiller AMD
Michael G. Adams Kentucky Secretary of State Received and Filed: 7/31/2020 1:30 PM Fee Receipt \$40.00	



**COMMONWEALTH OF KENTUCKY
MICHAEL ADAMS, SECRETARY OF STATE**

Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Articles of Amendment
(Limited Liability Company)

LLA

Pursuant to the provisions of KRS 14A and KRS Chapter 275, the undersigned applicant applies to amend articles and, for that purpose, submits the following statements:

1. The name of the limited liability company on record with the Office of the Secretary of State is:

Mainstream, LLC

(Name must be identical to the name on record with the Secretary of State.)

2. The text of each amendment adopted: Article 1: The name of the company is Adapted Solutions, LLC.

3. The date of adoption of each amendment was July 31, 2020

4. Mark the appropriate line in the following statement for the adoption of the amendment (check only one option):

The amendment(s) was/were duly adopted by the managers _____ or members X in accordance with the articles of organization, the operating agreement of the limited liability company, or this chapter.

5. This amendment will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective cannot be prior to the date the application is filed. The effective dates is _____.

6. The individual signing these articles of amendment is a (check only one): Member X or Manager.

Please indicate whether any of the following applies to your business ownership:

Women Owned Veteran Owned Minority Owned

We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

	Imran Parikh	Vice President of Member	7/31/2020
Signature of Member, Manager or Authorized Party	Printed Name	Title	Date

Signature of Member, Manager or Authorized Party	Printed Name	Title	Date
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