

M240000000026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

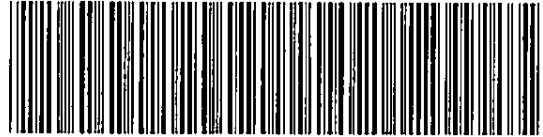
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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APR 9 12 2024 APR -2 AM 11:42

STATE OF MISSISSIPPI  
DEPT. OF REVENUE  
TOLSON, MISSISSIPPI

APR 11 2024

R. HUNT

04/10/24



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I20000000088  
If there are any issues  
please contact Patrice at  
850-202-9071

Date: 04/02/2024

Name: Patrice Rush

Reference #: 2324074

Entity Name: ADOOR PM LLC

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

COGENCYGLOBAL  
TALLAHASSEE, FL  
APR 9:13  
2024

Authorized Amount: \$25.00

Signature: 

**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: Adoor PM LLC

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: M24000000026

3. Jurisdiction of its organization: Tallahassee

4. Date authorized to do business in Florida: 12/28/2023

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

5. New name of the limited liability company: \_\_\_\_\_  
(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:

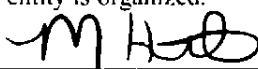
\_\_\_\_\_

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>                   |
|------------------------|----------------------|--|---|
| <u>MGR</u>             | <u>Adam Slutzkey</u> | <u>5064 Roswell Rd. Bldg B Ste 202</u> | <input checked="" type="checkbox"/> Add |
|                        |                      | <u>Atlanta GA 30342</u>                | <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

Melinda Hite

Typed or printed name of signee

Filing Fee: \$25.00