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PICK-UP	MAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: ADAPTAI		
DOCUMENT NUM	F240000006641		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	respondence concerning this ma	tter to the following:	
	Max Miguel		
	<u></u>	Name of Contact Persor	1
	ADAPTAI		
	.	Firm/ Company	· · · · · · · · · · · · · · · · · · ·
	1319 N University Dr. #490	• •	
		Address	
	Coral Springs, FL 33071		
		City/ State and Zip Code	
		•	
	evillarroel@adaptai.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	ion concerning this matter, plea	se call:	
Max Miguel		at (305	490-0344
Name	e of Contact Person		de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations The Centre of Tallahassee	
* • • • • • • • • • • • • • • • • • • •		N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ADAPTAI	
(Name of Corporation as current	ly filed with the Florida Dept. of State)
P24000006641	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation," ' "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	2700 Glades Cir #139
(Principal office address MUST BE A STREET ADDRESS)	Weston, FL 33327
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1319 N University Dr #490
<u></u>	Coral Springs, FL 33071
	:
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	
N'/A	<u>s.</u>
Name of New Registered Agent	<u> </u>
	
(Florida st	treet address)
New Registered Office Address: N/A	, Florida (City) (Zip Code)

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	Carlos Jofre	790 Stanton Dr. Weston FL 33326
Add			
Remove 2) Change	N/A	N/A	N/A
Add Remove 3) Change	N/A	N/A	N/A : : : : : : : : : : : : : : : : : : :
Add			<u></u> ,
Remove 4) Change	N/A	N/A	N/A
Add			
Remove 5) Change	N/A	N/A	N/A
Add			
Remove 6) Change	N/A	N/A	N/A
Add			
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself; (if not applicable, indicate N/A)	Attach additional sheets, if necessary). (Be specific)	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		
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(if not applicable, indicate N/A)	f an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
	provisions for implementing the amendment if not contained in the amendment itself:	
	N. Control of the con	
	.	

The date of each amendment late this document was signed	(s) adoption:	, if other than the
	2/27/24	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this dhe Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer action was not required.	re adopted by the incorporators, or board of directors without shareholder act	ion and shareholder
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment ere sufficient for approval.	(s)
	re approved by the shareholders through voting groups. The following staten d for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by N/A	"	
<u></u>	(voting group)	
2/27/2 Dated	24	
Signature	Max Miguel	
(B	y a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other corpointed fiduciary by that fiduciary)	
	Max Miguel	
	(Typed or printed name of person signing)	·
	President	÷