

N14000009011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

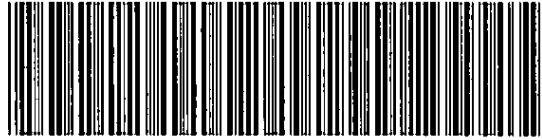
(Business Entity Name)

(Document Number)

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06/01/21--01025--001 \*\*35.00

*Amend*

SECRETARY OF STATE  
TALLAHASSEE, FL.

2021 JUN -1 PM 1:02

**FILED**

6-1-21

DC

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: I AM ADAPTIVE INC

DOCUMENT NUMBER: N1400000 9011

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ELLYSE TRETHRIC

(Name of Contact Person)

I AM ADAPTIVE INC

(Firm/Company)

550 SE BROOKSIDE TERRACE

(Address)

PORT SAINT LUCIE, FL 34983

(City/State and Zip Code)

ELLYSEAMELIAART@GMAIL.COM

(E-mail address: (to be used for future annual report notification))

For further information concerning this matter, please call.

ELLYSE TRETHRIC

(Name of Contact Person)

at 772

(Area Code)

321-4065

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|---|--|---|--|

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327

**Street Address**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee

Articles of Amendment  
to  
Articles of Incorporation  
of

I AM ADAPTIVE, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N14000009011

(Document Number of Corporation (if known))

2021 JUN -1 PM 1:02  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

B. Enter new principal office address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

550 SE BROOKSIDE TERRACE

PORT SAINT, LUCIE, FL 34983

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

550 SE BROOKSIDE TERRACE

PORT SAINT LUCIE, FL 34983

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

ELLYSE TRETHRICK

286 NE GRANDUER AVE

(Florida street address)

New Registered Office Address:

PORT SAINT LUCIE

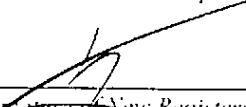
(City)

Florida 34983

(Zip Code)

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

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

  
\_\_\_\_\_  
Signature of New Registered Agent, if changing

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)

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.

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>P</u>	<u>ELLYSE TRETHERIC</u>	<u>286 NE GRANDUER AVE</u> <u>PORT SAINT LUCIE, FL 34983</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>V</u>	<u>MARILYN CRUZ</u>	<u>1901 SW 33 CT</u> <u>Miami, FL 33145</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>APRIL DIETZ</u>	<u>550 SE BROOKSIDE TERR</u> <u>PORT SAINT LUCIE, FL 34983</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input checked="" type="checkbox"/> Remove	<u>VP</u>	<u>Jordan Almendral</u>	<u>1901 SW 33 CT</u> <u>Miami, FL 33145</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

Statement of Fact Attached: Ellyse Trethric and April Dietz  
were wrongfully removed.

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The date of each amendment(s) adoption: 3/19/21, if other than the date this document was signed.

Effective date if applicable: 3/19/21  
*(no more than 90 days after amendment file date)*

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 5/25/21

Signature 

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Ellyse Trethric  
(Typed or printed name of person signing)

President  
(Title of person signing)




# I AM ADAPTIVE

Ellyse Trethric & April Dietz were taken off of the Non-Profit wrongly and with no authorization. We were both locked out of our non-profit email and social accounts then was notified of a Change on the State Site. A special needs athlete (Jordan Almendral) who we have trained in the past was put onto the non-profit as the VA, without asking and has no authority to be on the non-profit.

Thank you so much for your attention on this matter. This Non-profit was my life for the last 7 years and for no reason and without authority was taken off by Marilyn Cruz.

Ellyse Trethric  
I Am Adaptive President

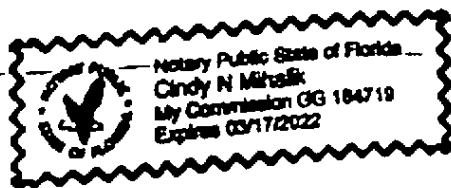
  
Signature

### Notary Public Acknowledgment

FLORIDA ST. LUCIE SEAL  
State of County of

I hereby certify that ELLYSE TRETHRIC (Name) appeared before me on  
this 3<sup>RD</sup> day of JUNE, 2021 and signed this form in my presence.

  
Notary Public Signature



3/17/2022  
My Commission Expires (Date)