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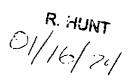


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## DocuSign Envelope ID: D52BAA4B-79DF-448D-B408-A6853FD9A677 COVER LETTER

Division of Cor			
Pasca and o	co L.L.C		
Sobject.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Crawford Pascal		
		Name of Person	
		Firm/Company	
	6012 sw 33 st , apt 203		
		Address	
	Miariamr, FL 33168		
		City/State and Zip Code	
	Crawford@pascalandcollc.	com	
	E-mail address: (	to be used for future annual report notif	cation)
For further information c	concerning this matter, please c	all:	reation)
Crawford Pascal		305 331-7834 at ()	ω
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S		Street Address: Registration Sec	tion
Division of C		Division of Corp	orations

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## DocuSign Envelope ID: D52BAA4B-79DF-448D-B408-A6853FD9A677 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Pasca And Co L.L.C		
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our record Liability Company)	<u>(ts.</u> )
The Articles of Organization for this Limited Liability Company	were filed on 12/27/2023	and assigned
Florida document number L24000004221		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Pascal And Co L.L.C.		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		704
(Principal office address MUST BE A STREET ADDRESS)		
		****
		(1) (5)
		SSC TO SE
Enter new mailing address, if applicable:		mo . C
Mailing address MAY BE A POST OFFICE BOX)		
		ω
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter</u>	the name of the new register
New Registered Office Address:		
	Enter Florida street addres	SS
	, FI	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
l hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	performance of my duties, a	

If Changing Registered Agent, Signature of New Registered Agent

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11 amenuing Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		<del></del>	□Remove
			□Change
		<del> </del>	□Add
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			Change
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			□Remove
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			□Remove
			Change

Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or Note: If the date inserted in this block does not meet the applicable statutory fil document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.mord is filed.	ling requirements, this date will not b	ne listed as
If an effective date is listed, the date must be specific and cannot be prior to date of filing or Note: If the date inserted in this block does not meet the applicable statutory file.	(optional) more than 90 days after filing.) Pursuant	
an effective date is listed, the date must be specific and cannot be prior to date of filing or	(optional) more than 90 days after filing.) Pursuant	
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Filing Fee: \$25.00

Typed or printed name of signee