

13000167666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

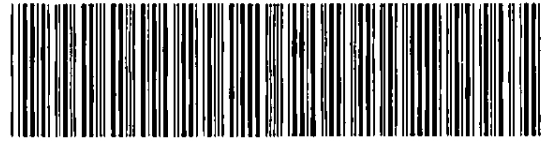
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FILED
2024 APR 25 AM 10:27
CLERK OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
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Tallahassee, Florida

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DATE: 04/25/2024

NAME: PAS REFORM NORTH AMERICA LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pas Reform North America LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eric Stodel

Name of Person

Pas Reform

Firm/Company

2550 Cabot Commerce Dr., Ste 22

Address

Jacksonville, FL 32226

City/State and Zip Code

eric.stodel@pasreform.com

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

For further information concerning this matter, please call:

John "B.J." Ibach

904 232-7225
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
2024 APR 25 AM 10:27
CLERK OF DISTRICT COURT
DISTRICT OF COLUMBIA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

(Principal office address MUST BE A STREET ADDRESS)

(Mailing address MAY BE A POST OFFICE BOX)

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

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

If amending Authorized Person(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>	<u>Address</u>	<u>Type of Action</u>
President	Steve R. Warren	2550 Cabot Commerce Dr.	<input type="checkbox"/> Add
		Ste 22	<input checked="" type="checkbox"/> Remove
		Jacksonville, FL 32226	<input type="checkbox"/> Change
President	Eric Stodel	2550 Cabot Commerce Dr.	<input checked="" type="checkbox"/> Add
		Ste 22	<input type="checkbox"/> Remove
		Jacksonville, FL 32226	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

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.

Dated April 19

2024

Signature of a member or authorized representative of a member

Eric Stodel

ERIC (Full Text) STORED

Typed or printed name of signee

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