## L21000518719

(Requestor's Name)	
(Address)	
(Address)	
(1333-225)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
(Bootiment Harrison)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



800431829168

TATE AN IO: 25

TATE LANGESTATE ALLAHÁSSEE.

TATE LANGESEE, FL

PARONIAL

07/15/2X



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

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:0	07/15/2024				
Name:	Patrice Rush				
	2434415				
Entity Name:_		PF, LLC			
☐ Articles	of Incorporation/Authoriza	ation to Transact Business			
Amend	ment				
☐ Change	e of Agent			31	
☐ Reinsta	itement		1~	;	•
Conver	sion			<del>o</del> n	-
Merger			is in the second	HIV	
Dissolu	tion/Withdrawal		TATE FL	AH 10: 25	**.
☐ Fictitiou	ıs Name				
✓ Other_	PLEAS	EPROVIDE CERTIFIED COPY			_
Authorized Am	7				
Signature:	Prestoll				

© CORPORATE HQ COGENCY GLOBAL INC. 10 E 40™ ST, 10™ FL NY, NY 10016 D: +1.212.947.7200 P: 800.221.0102 F: 800.944.6607

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:	PF, LLC			
SUBJECT.		Name of Lim	ited Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspor	ndence concerning this matter	to the following:	
		Andrew Mendelsohn		
			Name of Person	
		c/o Bessemer Investors, LI	.c	
			Firm/Company	
		1271 Avenue of the Ameri	cas, 42nd Floor	
			Address	
		New York, NY 10020		
		<del></del>	City/State and Zip Code	
		Mendelsohn@bessemer.cor	n	r = r
		E-mail address: (	to be used for future annual report notifi	
For further i	nformation co	ncerning this matter, please ca	all:	SSE AN
Matthew Na	aifeh		212 839-6780 at ( )	Telephone Number 2
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for the	e 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)
Re Di P.0	ailing Address gistration S vision of Co O. Box 632	ection orporations 7	Street Address: Registration Sec Division of Corp The Centre of Ta	oorations allahassee
Ta	llahassee, F	L 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PF, LLC		
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)	
The Articles of Organization for this Limited Liability Company were filed	on December 8, 2021	_ and assigned
lorida document number 1.21000518749		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability compa	any here:	
he new name must be distinguishable and contain the words "Limited Liability Company	"the designation "LLC" or the abbre	eviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		<u>.                                    </u>
		2:
nter new mailing address, if applicable:	·	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		- ·
	25.25 25.25	Ū: :
<del></del>	(A) (D) (m) (h) (m) (h) (m) (h) (m) (m) (m) (m) (m) (m) (m) (m) (m) (m	2 111
. If amending the registered agent and/or registered office address on	our records, enter the name of	
gent and/or the new registered office address here:	FATE	: 25
	1.1	0.
Name of New Registered Agent:		
New Registered Office Address:		
	ter 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 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>	Address	Type of Action
President	Mark Pieloch	585 Distribution Drive. Suite #4	□Add
		Melbourne, FL 32904	■Remove
		<del></del>	□Change
			□Remove
			□Change
			□Add
			Remove
			HASSEE STATE
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

·					
		•			
			<del>-</del>		
		· <u></u>			
			<u>-</u>		
			1	25	
	***			<del></del>	
	<del></del>		<u> </u>	CI;	<del></del>
			<u>(7) (7)</u>	<u> </u>	5 1
			⊕s <del>nd</del>	<u>:</u>	
			J.Y.	25	
	ust be specific and cannot be prior to date block does not meet the applicable sta	of filing or more than 90 days :			
ecord specifies a delayed effect is filed.	ive date, but not an effective time, at	12:01 a.m. on the earlier of	f: (b) The 9	0th day	after ti
ted July 10	. 2024				
(h)	h_				
( <i>/ ← ,</i>	Signature of a member or authorized re				

Filing Fee: \$25.00