L 23000012120

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COVER LETTER

PASCAL LLC SUBJECT: 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: **ANDREL SAFRONOV** Name of Person Firm/Company 3001 S OCEAN DR APT 905 Address HOLLYWOOD, FL 33019 City/State and Zip Code andy.tmm@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 754 292-7803 Andrei Safronov Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: **■** \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

TO:

Registration Section Division of Corporations

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PASCAL LLC		
(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appears on our records.) lability Company))
The Articles of Organization for this Limited Liability Company vi Florida document number 1.23000012120	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" c	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		2023 58
		S E
B. If amending the registered agent and/or registered office ac	ddress on our records, <u>enter th</u>	ie name of the new registered
agent and/or the new registered office address here:		TOF STEPLOOF
Name of New Registered Agent:		200 Tω
New Registered Office Address:		
	Enter Florida street address	
	, Flori	ida

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.

City

Zip Code

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
MGR	TATIANA ZAKHAROVA		
		3001 S OCEAN DR APT 905 HOLLYWOOD, FL 33019	□ Add
			Remove
			□Change
AMBR	TATIANA ZAKHAROVA	3001 S OCEAN DR APT 905 HOLLYWOOD, FL 33019	
	· · · · · · · · · · · · · · · · · · ·		= Add
			□Remove
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fective date, if other than th	e date of filing	g:		(optior	nal)	
n effective date is listed, the date moter. If the date inserted in this b	ust be specific and	cannot be prior to		than 90 days after fi	iling.) Pursuant to 605	
cument's effective date on the I			ne statutory ming t	equirements, tins	sate will not be fish	cu as i
ecord specifies a delayed effecti is filed.	ve date, but not	an effective tim	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day after	r the
March 6th		2023				
ted						
1		,				
			zed representative of			

Typed or printed name of signee