

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

L24000353253 3

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To:  
 Division of Corporations  
 Fax Number : (850)617-6383

From:  
 Account Name : ALLSTATE CORPORATE SERVICES CORP  
 Account Number : T20040000031  
 Phone : (800)906-9220  
 Fax Number : (800)906-9880

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

2024 OCT 23 PM 5:28  
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 DIVISION OF CORPORATIONS

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 PCFI LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

**T. LEMUEUX**

**OCT 23 2024**

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PCF1 LLC

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

The Articles of Organization for this Limited Liability Company were filed on 10/08/2024 and assigned Florida document number L24000425997

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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

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

29 Sweetgum Lane Miller Place, NY 11764

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

29 Sweetgum Lane Miller Place, NY 11764

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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Anthony John Passero

New Registered Office Address: 5464 Cicada Way

Enter Florida street address

Palm Beach Gardens, Florida 33418

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.

[Handwritten Signature]

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

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**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October, 2024



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Anthony Paasero

\_\_\_\_\_  
Typed or printed name of signer