

M19000002552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

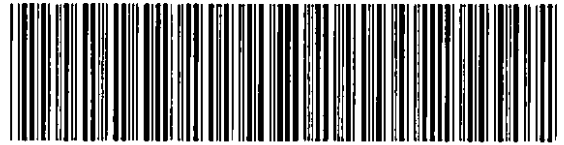
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100415123351

09/06/23--01036--001 **55.00

2023 SEP -6 PM 12:40

09/06/23

KERKSTRA LAW OFFICES, LLC

Problem? Solved.™

August 31, 2023

Via UPS Ground

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

To whom it may concern,

Enclosed is the Application by LLC to file Amendment to Certificate of Authority for Tech One Biomedical LLC now known as Pon Farr LLC along with payment of \$55.00 for the filing fee and certified copy. Please let me know if you need anything else.

Very truly yours,



Jeanne M. Kerkstra, Esq., CPA

Encls.

2023 SEP -6 PM 12:40
DIVISION OF CORPORATIONS
STATE OF FLORIDA

COVER LETTER

FL

TO: Registration Section
Division of Corporations

SUBJECT: Tech One Biomedical LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeanne Kerkstra

Name of Person

Kerkstra Law Offices, LLC

Firm/Company

912 S. Morgan Street

Address

Chicago, IL 60607

City/State and Zip Code

jmk@kerkstralaw.com

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

For further information concerning this matter, please call:

Jeanne M. Kerkstra

at (312) 285-9147

Name of Person

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☒ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

2023 SEP -6 PM 12:40
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Tech One Biomedical, LLC

Enter new principal office address, if applicable:

N/A

**(Principal office address
MUST BE A STREET ADDRESS)**

314 N. Grove Avenue

Oak Park, IL 60303

Enter new mailing address, if applicable:

314 N. Grove Avenue

**(Mailing address
MAY BE A POST OFFICE BOX)**

Oak Park, IL 60303

2. The Florida document number of this limited liability company is: M19000002552

3. Jurisdiction of its organization: IL

4. Date authorized to do business in Florida: 03.14.2019

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Pon Farr, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: N/A

New Registered Office Address: N/A

Enter 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 Changing Registered Agent, Signature of New Registered Agent

2023 SEP -6 PM 12:40

STATE
DIVISION OF CORPORATIONS

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

N/A

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

N/A

<u>Title/ Capacity</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 checked="" type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required; no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Jeanne M. Kerkstra
Signature of the authorized representative

Jeanne M. Kerkstra
Typed or printed name of signee

Filing Fee: \$25.00

Form LLC-5.25	Illinois Limited Liability Company Act Articles of Amendment	FILE #: 0471185-8
Secretary of State Department of Business Services Limited Liability Division 501 S. Second St., Rm. 351 Springfield, IL 62756 217-524-8008 www.ilsos.gov	Filing Fee: \$50 Approved By: KDM	FILED Aug 28, 2023 Alexi Giannoulias Secretary of State

1. Limited Liability Company Name:

TECH ONE BIOMEDICAL, LLC

2. These Articles of Amendment are effective on the file date.

3. The Articles of Organization are amended to change the name of the limited liability company as follows:

New Name:

PON FARR, LLC

4. This amendment was approved in accordance with Section 5-25 of the Illinois Limited Liability Company Act.

5. I affirm, under penalties of perjury, having authority to sign hereto, that these Articles of Amendment are to the best of my knowledge and belief, true, correct and complete.

Dated Aug 28, 2023
Month/Day Year

MINCER, MATTHEW T.

Name

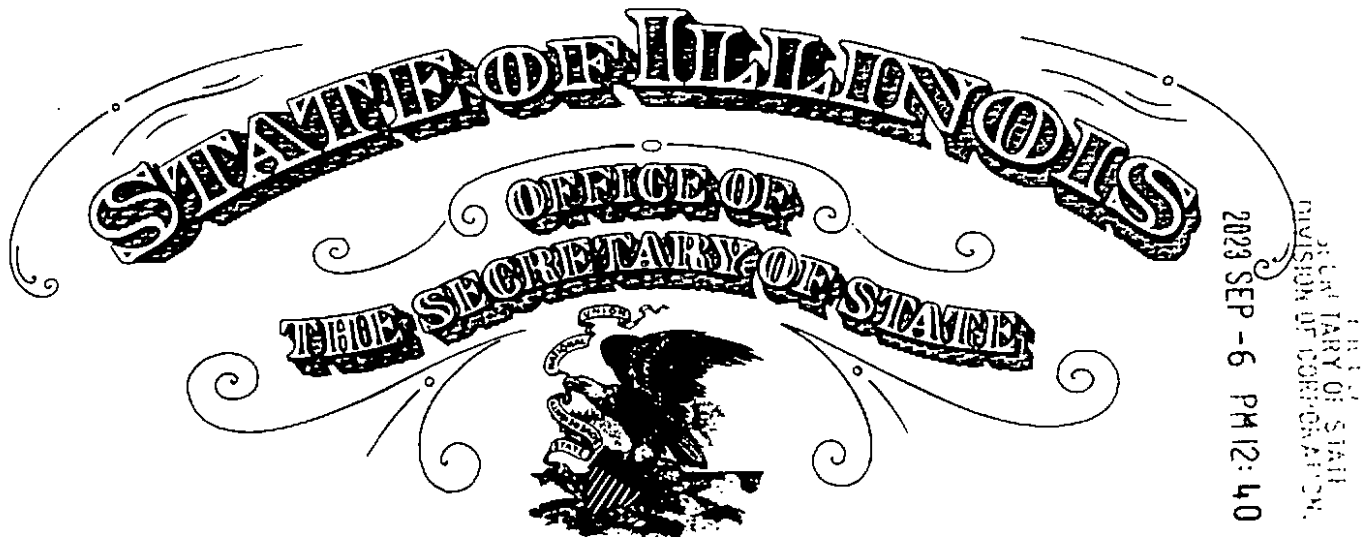
MANAGER

Title

If the applicant is a company or other entity, state name of company.

File Number

0471185-8



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulas, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

PON FARR, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 13, 2014, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 30TH day of AUGUST A.D. 2023 .

Authentication #: 2324202112 verifiable until 08/30/2024

Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulas

SECRETARY OF STATE