

1/23/25, 1:32 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

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

From:

Account Name : HARVARD BUSINESS SERVICES, INC.
Account Number : I20080000045
Phone : (302)645-7400
Fax Number : (302)645-1280

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PEPSON LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$30.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

JAN 27 2025

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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: PEPSON LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M25000000713

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 12/26/2024

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

5. New name of the limited liability company: Clepsydra 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: _____

New Registered Office Address: _____

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

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

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

<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 type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<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.

J Coppet

Signature of the authorized representative

J Coppet

Typed or printed name of signee

Filing Fee: \$25.00

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Delaware

The First State

Page 1

I, KRISTOPHER E. KNIGHT, ACTING SECRETARY OF STATE OF THE
STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "PEPSON LLC"
FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "CLEPSYDRA
LLC", ON THE SEVENTH DAY OF JANUARY, A.D. 2025, AT 2:41 O'CLOCK
P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CLEPSYDRA
LLC", IS THE LAST KNOWN TITLE OF RECORD OF THE AFORESAID LIMITED
LIABILITY COMPANY.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CLEPSYDRA
LLC" WAS FORMED ON THE SEVENTEENTH DAY OF DECEMBER, A.D. 2024.

2025 JAN 24 PM 4:29
RECEIVED
DEPARTMENT OF STATE
CORPORATION

FILED



A handwritten signature in black ink, appearing to read "Christopher E. Knight".

Christopher E. Knight, Acting Secretary of State

10039907 8321
SR# 20250223984

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202758903
Date: 01-23-25

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