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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.

Emsil	Address:					

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

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K. SALY

JAN 2 7 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 (I-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)
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.

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:							
Title/ Capacity	<u>Name</u>	Address	Type of Action				
	· · · · · · · · · · · · · · · · · · ·		□Add				
			□Remove				
			Remove				
			□Add				
		<u> </u>	Remove				
			□Add				
			Remove				
			□Add				
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.							

Filing Fee: \$25.00

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Page 1

I, KRISTOPHER E. KNIGHT, ACTING SECRETARY OF STATE OF THE

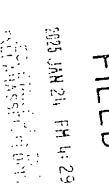
STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "PEPSON LLC"

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 "CLEPSYDRALLC" WAS FORMED ON THE SEVENTEENTH DAY OF DECEMBER, A.D. 2024.





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

#65

Kristophor E. Knight, Acting Secretary of State

Authentication: 202758903

Date: 01-23-25