173000208194

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP		MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
·	-	
Special Instructions to	Filing Officer	
		1



FILED 2023 HAY -9 AM II: 05 SUMALIARY OF STATE

RECEIVED 2023 MAY -9 PM 4: 23



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Account#: 12000000088

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Date:	05/09/2023			
Name:	Greg Pintacuda	_		
Reference	e #: 1995706	_		
	me: PCOF ALLORA	INVESTMENTS, LLC		
☐ Art ☑ An ☐ Ch ☐ Re ☐ Co	ticles of Incorporation/Authorization mendment lange of Agent linstatement onversion		2023 MAY -9 AH 11: 05	
🔲 Dis	ssolution/Withdrawal			
🔲 Fic	ctitious Name			
🗸 Oti	herPLEASE PROVID	E CERTIFIED COPY OF FILING		
Authorize Signature	ed Amount:\$55			

EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
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REGISTER #00(27)2
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LONDON EC3IN 3AX
+44 (0)20.3961.3080

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PA Allora Investmer		
(Name of the Limited Liability Compa (A Florida Limited I	<u>ny as it now appears on our records.)</u> Jability Company)	
The Articles of Organization for this Limited Liability Company	were filed on April 27, 2023	and assigned
Florida document number L23000208196		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	<u>ility company here</u> :	202
PA Vesta Investments, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or th	e abbreviation "HSL.C."
Enter new principal offices address, if applicable:	_	
(Principal office address MUST BE A STREET ADDRESS)		
		л о
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter the r</u>	name of the new registered
Name of New Registered Agent:		

New Registered Office Address:

Enter Florida street address

Zip Code

. Florida ___

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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

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. . . .

<u>Title</u>	Name	Address	Type of Action
			🗆 Add
			🖸 Remove
			🗆 Change
			🗆 Remove
			Change
			🖸 Add
			🗆 Remove
		<u></u>	🗆 Add
			Change
			🗋 Add
			🗋 Remove
		<u></u>	□Change

:

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

 	 SPLOA LART OF STATE	2023 HAY - 9 AH I :: 05
 	 SEE, FL	

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	<u>May 9</u> . 2023
	the come in
	Signature of a member or authorized representative of a member
	Gavin Beekman, Authorized Signatory Typed or printed name of signee

Filing Fee: \$25.00