

L23000504382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

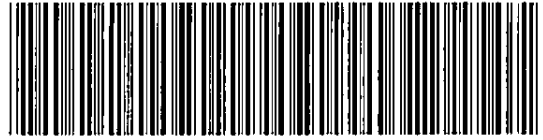
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MAR 25 2024

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03/12/24--01023--010 **25.00

FILED
24 MAR 12 AM 11:4
TALLAHASSEE, FLORIDA

1. 2. 3. 4.

Registration Section

140205W LLC

ed Articles of Amendment and fee(s) are submitted for filing.

in all correspondence concerning this matter to the following:

AINA DAVILES

Name of Person

EQUINIX SOLUTIONS CORP

Fun Company

2800 S ORANGE BLOSSOM TRAIL SUITE E

Address

ORLANDO, FL 32805

City/State and Zip Code

A.AVILES@EQ-SO.COM

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

information concerning this matter, please call:

AINA DAVILES

407 8507280

at ()

Area Code

Daytime Telephone Number

is a check for the following amount:

\$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Street Address:

Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Registration Section

Division of Corporations

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

146205W LLC

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

FILED
24 MAR 12 4H 11:4
HALL COUNTY, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/06/2023 and assigned Florida document number L23000504382.

This amendment is submitted to amend the following:

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

P.A. CAPITAL REAL ESTATE LLC

The new name must be distinguishable and contain 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)

2800 S ORANGE BLOSSOM TRAIL SUITE E

ORLANDO, FL 32805

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2800 S ORANGE BLOSSOM TRAIL SUITE E

ORLANDO, FL 32805

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:

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

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

~~Vedantika~~

Typed or printed name of signee