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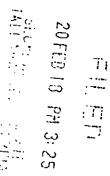
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(City/	State/Zip/Phon	e #)
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Special Instructions to Fil	ling Officer:	

Office Use Only



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COVER LETTER

TO: Registration : Division of Co			,
	HORE REATLY GROUP, LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	oondence concerning this matter	to the following:	
	Jeffrey D. Ostlie		
		Name of Person	
	Jeffrey D. Ostlie, P.A.		
		Firm/Company	
	19 E Central Boulevard		
		Address	
	Orlando, Florida 32801		
		City/State and Zip Code	
	info@ostlielaw.com		
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report	notheation)
Jeffrey D Ostlie		407 330-5255 at ()	5
Name	of Person	Area Code Day	ytime Telephone Number
Enclosed 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)
<u>Mailing Addr</u> Registration		Street Address Registration	
	Corporations	Division of (Corporations
P.O. Box 6			of Tallahassee nroe Street, Suite 810
Tallahassee	, rl 32314	2413 IN. MO	moe succi, sunc 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EASTSHORE REALTY GROUP, LLC		
(Name of the Limited Liability Cor (A Florida Limit	npany as it now appears on our records, ed Liability Company))
The Articles of Organization for this Limited Liability Comp. Florida document number 1.09000040877	any were filed on APRIL 4, 2009	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
FOLIO REALTY, LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC"	or the abbreviation "L L.C."
Enter new principal offices address, if applicable:		,
• •		2
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
	<u></u>	——————————————————————————————————————
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		ं भ
B. If amending the registered agent and/or registered offingent and/or the new registered office address here:	ce address on our records, <u>enter t</u>	he name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			Remove
			□Change
			□ Add
			□Remove
			Change
			□Add
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			GAdd 77
			□Change
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