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SECRETARY OF STATE
TALLAHASSEE EI

COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

, FOLLAN	S REALTY, LLC		
SUBJECT:	Name of Lie	nited Liability Company	
	f Amendment and fee(s) are su	· ·	
Please return all corresp	ondence concerning this matte	r to the following:	
	PAULA SCHUMANN		J
		Name of Person	
	Welk Realty, LLC		
		Firm/Company	
	19 Sheffield West		
		Address	 ,
	Winchester, MA 01890		
	pschumann67@gmail.com	City/State and Zip Code	
	E-mail address:	to be used for future annual report notifi-	cation)
For further information c	concerning this matter, please o	all:	
Paula Schumann		617 680-7797 at ()	
Name o	of Person		Telephone Number
Enclosed is a check for the	he 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 Addres</u> Registration S		<u>Street Address:</u> Registration Sect	ion
Division of Corporations		Division of Com-	

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

FOLLANS REALTY, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 04/18/2016 ____ and assigned Florida document number L16000075977 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices 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) 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

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>	<u>Name</u>	Address	Type of Action
AMBR	PAULA SCHUMANN	19 SHEFFIELD WEST	□Add
		WINCHESTER, MA 01890	Remove
			🗆 Change
MGR PAULA SCHUMANN	PAULA SCHUMANN	19 SHEFFIELD WEST	≅ Add
		WINCHESTER, MA 01890	□Remove
			□ Change
			□Add
			□Remove
			Change Change New TALLIA
			ECRETARYOF STATE TALLAHASSEE, FU
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			□Change
			□ Add
			□Remove
			□Change

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fan effe <u>Note:</u> I	ve date, if other than the date of filing:
record d is file	I 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
	2022 2022
Dated _	Lack Edward Day
Dated _	Lagh Educar & Done Signature of a member or authorized representative of a member