

U8000119836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

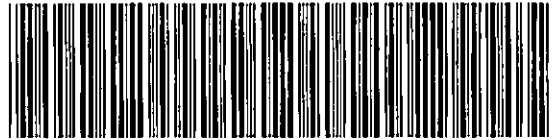
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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JUL 30 2018

S. PRATHER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 8, 2018

AMARILLIS SANTIAGO  
949 MARKET PROMENADE  
LAKE MARY, FL 32746

SUBJECT: FOLCH ACQUISITION LLC  
Ref. Number: L18000119836

We have received your document for FOLCH ACQUISITION LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Foreign Corporation, but your entity is a Florida LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 418A00012010

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RECEIVED

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32314

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Folch Acquisition LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Amarilis Santiago  
Name of Person

Folch Acquisitions LLC  
Firm/Company

P.O. Box 950125  
Address

Lake Mary Florida 32795  
City/State and Zip Code

amarilis.sant@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amarilis Santiago at ( 787 ) 398-6453  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|--|

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

INTERNAL REVENUE SERVICE  
ATTN: EIN OPERATION  
CINCINNATI, OH 45999

May 27, 2018

TO WHOM IT MAY CONCERN:

THE FOLLOWING BUSINESS: FOLCH ACQUISITION LLC

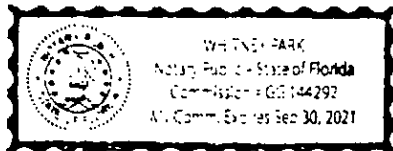
EIN: 83-0568518

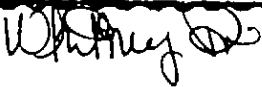
HAS CHANGE IT NAME TO FOLCH ACQUISITIONS LLC

EFFECTIVE ON 5/14/2018

PLEASE UPDATE YOUR RECORDS ACCORDINGLY.

  
AMARILIS SANTIAGO





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

Folch Acquisition 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 May 13, 2018 and assigned  
Florida document number L180001198316.

This amendment is submitted to amend the following:

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

Folch Acquisitions 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 950125

Lake Mary Florida 32795

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*

*City*

*Florida*

*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

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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated July 17 2018.

Imauli Santiago  
Signature of a member or authorized representative of a member

Amarilis Santiago  
Typed or printed name of signee

**Filing Fee: \$25.00**

18 JUL 19 PM 2:41