

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((1122000409480.3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

	Blviston of Co Fax Number	: (850)617-6383	2022
Fr	Off.:		2022 DEC
	Account Name	: C T CORPORATION SYSTEM	Ċ,
	Account Number	: FCA00000023	5
	Phone	: (954)208-0845	0,
	Fax Number	: (614)573-3996	AM
ntor the et	tail address for this	s business entity to be used for fu	ະບານ
arinua e ir	eport mailings. Ence	: only one email address please.**	7



Electronic Filing Menu Corporate Filing Menu

Help

From: Kaity

Page. 3 of 4 2022-12-06 07.06.40 Mon. APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Johnson Real Estate Investors LLC

Enter new principal office address, if applicable:	67 Hunt Street, Suite 206		
(Principal office address	Agawam, MA 01001		
MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	67 Hunt Street, Suite 206		
(<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>)	Agawam, MA 01001		
2. The Florida document number of this limited lia	bility company is:		
3. Jurisdiction of its organization: Massachusetts			
	ber 25, 2011		
SECTION II (5-9 complete only the applicable of			
 New name of the limited liability company:	t contain "Limited Liability Company, " "L.L.C.," or "LLC.")		
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mar must contain "Limited Liability Company." "L.L.C	for the purpose of transacting business in Florida and attach a haging members adopting the alternate name. The alternate name 2." or "LLC.")		
6. If amending the registered agent and/or registered registered agent and/or the new registered office ac	d officer address on our records, enter the name of the new ddress here:		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida Street Address		
	, Florida City Zip Code		
the provisions of all statutes relative to the proper- and accept the obligations of my position as registed	t and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with cred agent as provided for in Chapter 605, F.S. Or, if this in the registered office address. I hereby confirm that the limited		

If Changing Registered Agent, Signature of New Registered Agent

. . .

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Title/ Capacity	Name	Address	Type of Action
			□∧dd
	<u></u>		
			🗆 Remove
·			🖾 Add
			🗆 Add
aforementioned	ertificate, if required: no more than 90 amendment(s), duly authenticated by ler the law of which this entity is orga	y the official having custody of records in the	ŪRemove
-		ture of the authorized representative	
	Joshua Friedman, President of Ne	iture of the authorized representative osa Property Investors, Inc., the manager of rof Johnson Real Estate Investors LLC	
		nted name of signee	

Filing Fee: \$25.00