P23000003873

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: FOLLOW INC		
DOCUMENT NUMBI	P23000003873		- <u></u>
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
S	SLADAN ZELJKO		
<u> </u>	FOLLOW INC	Name of Contact Persor	1
_		Firm/ Company	
1	2916 SPRING RAIN RD		
_	· · · · · · · · · · · · · · · · · · ·	Address	
J	ACKSONVILLE, FL 32258	3	
_		City/ State and Zip Code	2
s	ale.followinc@gmail.com		
_	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
SLADAN ZELJKO		at (870 2607
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 hassec, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section In of Corporations Entre of Tallahassee N. Monroe Street, Suite 810 Insec, FL 32303

Articles of Amendment Articles of Incorporation of

FOLLOW INC			
	of Corporation as currently	y filed with the Florida Dept. of S	State)
P23000003873			
	(Document Number of	f Corporation (if known)	· · · · · · · · · · · · · · · · · · ·
tursuant to the provisions of section 607. s Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation adopts	the following amendment
<u>If amending name, enter the new na</u>	ame of the corporation:		_
ame must be distinguishable and contain Inc.," or Co.," or the designation "C chartered," "professional association,"	Corp," "Inc," or "Co". A	ompany," or "incorporated" or the professional corporation name	The new eabbreviation "Corp.," must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		8230 BAYCENTER RD	
		STE 4	24.0
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		JACKSONVILLE, FL 32256	
		11377 RIVER HOLLOW LAN	
		JACKSONVILLE, FL 32218	LOSSI 13
. If amending the registered agent an new registered agent and/or the new	d/or registered office addre v registered office address:	ess in Florida, enter the name of	the
Name of New Registered Agent	BRANDON WILLIAMS		
	11377 RIVER HOLLOW L	ANE	
	(Florida stre	et address)	
New Registered Office Address:	JACKSONVILLE	. Flor	32218
eter mariena.		City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

■ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PT	SLADAN ZELJKO	12916 SPRING RAIN RD
Add			JACKSONVILLE, FL 32258
X Remove			
2) Change	PT	BRANDON WILLIAMS	11377 RIVER HOLLOW LANE
X Add			JACKSONVILLE, FL 32218
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
N/A	

.

•	08/27/2024	
The date of each amendment(s)	adoption:	if other than the
date this document was signed.		
09	9/19/2024	
Effective date if applicable:	·	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as t
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder a	ction and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendme sufficient for approval.	nt(s)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	."	
,	(voting group)	
09/24/20	24	
Dated		
a	AN WIND	
Signature		
` '	director, president or other officer – if directors or officers have not bee	
	ted, by an incorporator – if in the hands of a receiver, trustee, or other contents of the size of the following.	ошт
appo	inted fiduciary by that fiduciary)	
	BRANDON WILLIAMS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	