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Division of Corporations

Fax Number : (850)617-6383

From:

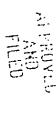
Account Name : FILINGS, INC. Account Number : 072720000101 Phone : (954)791-2100 Fax Number : (954)583-4117

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please, \*\*

Email	Address;				

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FALCONCREST LIMITED LLC

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K. Brumbley

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September 20, 2023

FLORIDA DEPARTMENT OF STATE

Division of Cerporations

FILINGS, INC.

SUBJECT: FALCONCREST LIMITED LLC

REF: L19000237964

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Missing type of action to be taken for authorized person listed.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

STANTON H ROBERTS

STANTON H ROBERTS FAX Aud. #: H23000330159
Regulatory Specialist III Letter Number: 923A00021766

H23000330159

#### COVER LETTER

Name of Lin	nited Liability Company	
Amendment and fee(s) are sub	omitted for filing.	
	_	
Ronald Goldberg		
	Name of Person	<del></del>
Falconcrest Limited		
	Firm/Company	
14924 Indigo Lakes Drive		
	Address	7
Naples, Florida 34119		
rg.alliancecapital@gmail.co	City/State and Zip Code	
E-mail address: (	to be used for future annual report notif	lication)
ncerning this matter, please co	all:	
	561 607-9894	
Person	Area Code Daytime	: Telephone Number
e following amount:		
□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee &     Certified Copy     (additional copy is enclosed)	☐ \$50.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Street Address:	
	Registration Sec	tion
	Amendment and fee(s) are subnidence concerning this matter  Ronald Goldberg  Falconcrest Limited  14924 Indigo Lakes Drive  Naples, Florida 34119  rg.alliancecapital@gmail.co E-mail address: ( oncerning this matter, please c	Amendment and fee(s) are submitted for filling.  Indence concerning this matter to the following:  Ronald Goldberg  Name of Person  Falconcrest Limited  Firm/Company  14924 Indigo Lakes Drive  Address  Naples, Florida 34119  City/State and Zip Code  rg.alliancecapital@gmail.com  E-mail address: (to be used for future annual report notification for following amount:  Description

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

H23000330159

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FALCONCREST LIMITED LLC				
( <u>Name of the Limited Limitly C</u> (A Florida Lin	Tompany as it now apprinted Liability Compan	y)		_
The Articles of Organization for this Limited Liability Com	pany were filed on	October 1, 2019	and	l assigned
Florida document number L19000237964				_
This amendment is submitted to amond the following:				
A. If amending name, enter the new name of the limited	l liability company	<u>here</u> :		
The new name must be distinguishable and contain the words "Limited	Liability Company," th	ic designation "LLC" o	r the abbreviation	n "L.L.C."
Enter new principal offices address, if applicable:	<del> </del>			
Principal office address MUST BE A STREET ADDRES	<u>'S}</u>			
	<del></del>		<del></del>	
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)				<del></del>
				•,,
<ol> <li>If amending the registered agent and/or registered off igent and/or the new registered office address here;</li> </ol>	fice address on our	records, <u>enter the</u>	e name of the	new regist
Name of New Registered Agent:		<del></del>	2023	-
New Registered Office Address:			SEP	<u> </u>
	Linter e	lorida sirees address	20	
	Cini	, Floric	la	
lew Registered Agent's Signature, if changing Registered Ag			<u>ား ကိုယ်</u>	zar.
hereby accept the appointment as registered agent and	- ' namen to aut in thi	io ammunia de el	<u>.</u>	1

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 affice 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

□ Change

# HI 300093 (Aprized 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
MGR	Ginger Hinckley	14924 Indigo Lakes Drive, Naples, Florida 34119	<b>X</b> Add
			□Change
			□ Kemove
			ClChange
			🗆 Add
			🗆 R <b>e</b> move
			©Change
			□∧dd
			□Remove
			DChange
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			□Remove
			□ Change
			LAdd
			DRemove

## H23000330159

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