

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

# L19000237964

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To:

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

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

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Corporate Filing Menu

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SEP 21 2023

K. Brumbley

RECEIVED

09/20/2023 PM 3:30

FLORIDA  
DIVISION OF CORPORATIONS

2023 SEP 20 PM 3:13

APPROVED  
AND  
FILED



September 20, 2023

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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  
Regulatory Specialist III

FAX Aud. #: H23000330159  
Letter Number: 923A00021766

H23000330159

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Falconcrest Limited 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:

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 further information concerning this matter, please call:

Ronald Goldberg

561 607-9894

at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

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

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FALCONCREST LIMITED 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 October 1, 2019 and assigned  
Florida document number L19000237964.

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 "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**)

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

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[illegible]

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record 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 record is filed.

Dated September 19 2023

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Ronald Goldberg

Typed or printed name of signee

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Filing Fee: \$25.00