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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			

Special Instructions to Filing Officer:

A. LUNT

SEP 2 5 2011

**EXAMINER** 

Office Use Only



100212286961

09/23/11--01005--019 \*\*60.00



## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Falco Production and Engineering 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:
Patricia Dia Falco
Name of Person
Fulco Production and Enghering
100125, W. 165+
Pembroke Pines FC 322
City/State and Zip Code  City/State and Zip Code  Com  Com  Com  Com  Com  Com  Com  Co
Patricia Falco at 305, 338-2156
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) \$ Certified Copy (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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Falco Productio	in and En	gineering			
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our i	records.			
(**************************************	~ / ·				
The Articles of Organization for this Limited Liability Company	were filed on	29/// and assigned			
Florida document number <u>L11000098677</u>	/				
i fortal document number					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
Falco Production	& Ena	inaac na			
The new name must be distinguishable and end with the words "Limit	ted Liability Company," the d	esignation "LLC" of the abbreviation			
"L.L.C."					
Enter new principal offices address, if applicable:	NA				
(Principal office address MUST BE A STREET ADDRESS)	/	The state of the s			
Frincipal office address (NUST BE A STREET ADDRESS)		S 2 2 F			
	1/1				
Enter new mailing address, it applicable:	/V_1/†				
(Mailing address MAY BE A POST OFFICE BOX)		<b>P</b> 60			
		·			
B. If amending the registered agent and/or registered off		ds, enter the name of the new			
registered agent and/or the new registered office address here	<u>.</u>				
	1/1				
Name of New Registered Agent:	V IV	;			
New Registered Office Address:	VA				
	Enter Florida street address				
<del></del>	City	Florida Zip Code			
New Registered Agent's Signature, if changing Registered Agent:	·	<del>-</del>			

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
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			Remove		
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			Remove		
D. If amer	nding any other information, enter o	change(s) here: (Attach additional sheets, if necessar	ry.)		
_					
_	Company Name 1	modification only			
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Dated	September 20	2911.			
	Les -				
	Signature of a m	nember or authorized representative of a member	<del></del>		
	Patrici	Typed or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00