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COVER LETTER

TO: Registration S Division of Co	ection rporations ,		.'	
SUBJECT:	Implant Falc	on Tech, LLC		
	Name of Limit	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Edua	rdo Falcon Name of Person		
		Firm/Company		
	8316	NW 68 TH ST Address		
	 	City/State and Zip Code		
	<u>eduard</u> E-mail address: (t	ofale hotmail com	SEGRETARY NULLARYSSE	***
For further information of	concerning this matter, please c	ail:	1 2 mm	
Eduar	do Falcon	at (305) 290 713	elephone Number	€ `-Œ 2
	of Person	Area Code & Daytime To	elephone Number 2	· ··
Enclosed is a check for t	he 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)	
MAIL	ING ADDRESS:	STREET/COURIER	ADDRESS:	

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab (A Flor	ility Company as it nov ida Limited Liability Co	v appears on our records mpany)	5.)
The Articles of Organization for this Limited Liabili Florida document numberL 1100012774		on <u>November 9</u>	, 2011 and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	ment is submitted to amend the following: ding name, enter the new name of the limited liability company here: ne must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation principal offices address, if applicable: office address MUST BE A STREET ADDRESS) mailing address, if applicable: dress MAY BE A POST OFFICE BOX) inding the registered agent and/or registered office address on our records, entersthe name of the new agent and/or the new registered office address here: inter of New Registered Agent: we Registered Office Address: Enter Florida street address		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability	y Company," the designat	ion "LLC" or the abbreviation
Enter new principal offices address, if applicable	·		
(Principal office address MUST BE A STREET AL	DDRESS)		
Enter new mailing address, if applicable:			2013FEB
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		कुट्ट क
		ess on our records, <u>en</u>	
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida stree	t address
		, Florid	
	City		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 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 **Type of Action** Title **Address** <u>Name</u> Jose Falcon MGRM 8316 NW 68th St Miami, Fl. 33166 US Eduardo Falcon SR 8316 NW 68TH ST MGRM Miami, Fl. 33166 U.S Remove Remove Add Remove Remove

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. ,
 February 12, 2013.
The state of the s
Signature of a member or authorized representative of a member
EDUARDO FALCON Typed or printed name of signee

Filing Fee: \$25.00