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SECRETARY OF STATE

N. Cuffigan SEP - 4 2013

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: FAICON GONS 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:	
Emma Maestre Name of Person	
EMR accounting Services, Luc	~
15501 Sw 30 Street	
Miani, Rl 33185 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)  Com	
For further information concerning this matter, please call:	
Emma Maeste at (786) 263-1168  Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status & Certificate Opy (additional copy is enclosed)	:d)

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

FILED 2013 SEP -3 PH 3: 01

Folcon Gi	9a15	LLC	SECRETARY OF STATE TALLAHASSEE, FLORIDA
(Name of the Limited Liability ( (A Florida Li	Company as it now mited Liability Com	appears on our recompany)	rds.)
The Articles of Organization for this Limited Liability Co	• •	on Feb 2	2, 2013 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit.  The new name must be distinguishable and end with the word.	nited	LLC	nation "LLC" or the abbreviation
"L.L.C."	·	. ,,	
Enter new principal offices address, if applicable:	<del></del>		
(Principal office address MUST BE A STREET ADDRE	ESS)		,
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	**		
			_ <del>.</del>
B. If amending the registered agent and/or registered agent and/or the new registered office address.		ss on our records,	enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida st	reet address
<del></del>	City	, F10	rida

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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = N	MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add		
			Remove		
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			Remove		

D.	If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Dat	ed	June 21, 2013.
_ ••		00-
		Signature of a member or authorized representative of a member
		Hallberto L. Satera
		Typed or printed name of signee

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Filing Fee: \$25.00

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