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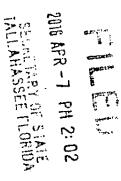
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# **COVER LETTER**

TO: Registration Section Division of Corpor				
SUBJECT: FALCONS	HARES 220 LLC			
Division of Corporations  JBJECT: FALCON SHARES 220 LLC  Name of Limited Liability Company  the enclosed Articles of Amendment and fee(s) are submitted for filing.  the enclosed Articles of Amendment and fee(s) are submitted for filing.  the enclosed Articles of Amendment and fee(s) are submitted for filing.  TRICHARD L. RICHARDS  Name of Person  RICHARDS GOLDSTEIN LLP  Firm/Company  55 MIRACLE MILE, SUITE 310  Address  City/State and Zip Code  CORAL GABLES, FL 33134  E-mail address: (to be used for future annual report notification)  or further information concerning this matter, please call:  RICHARD L. RICHARDS  Name of Person  Area Code  Daytime Telephone Number  Inclosed is a check for the following amount:				
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing.		
Please return all corresponde	nce concerning this matter t	o the following:		
	FALCON SHARES 220 LLC  Name of Limited Liability Company  Articles of Amendment and fee(s) are submitted for filing.  all correspondence concerning this matter to the following:  RICHARD L. RICHARDS  Name of Person  RICHARDS GOLDSTEIN LLP  Firm/Company  55 MIRACLE MILE, SUITE 310  Address  City/State and Zip Code  CORAL GABLES, FL 33134  E-mail address: (to be used for future annual report notification)  formation concerning this matter, please call:  AD L. RICHARDS  Name of Person  Area Code  Daytime Telephone Number  check for the following amount:  tling Fee  Certificate of Status  Certified Copy  (additional copy is enclosed)			
Name of Person				
	RICHARDS GOLDSTEIN LLP			
Firm/Company				
	55 MIRACLE MILE, SUITE 310			
	Address			
		City/State and Zip Code		
	CORAL GABLES, FL 33134			
-	E-mail address: (t	cation)		
For further information conc	erning this matter, please ca	11:		
RICHARD L. RICHA	ARDS	at ( 305 ) 448-2228		
Name of Person		·	Telephone Number	
Enclosed is a check for the f	ollowing amount:			
№ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	

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**

## **FALCON SHARES 220 LLC**

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ART		AMENDMEN	T	
ADTI	T) CLES OF O	O PRGANIZATI	ION	016 1
ARTI	CLES OF C		TAKE	APP.
	J	•	(C)	A PH TO THE PHY THE PH
FALCON SHARES 220 LL	С			1886, Op. 2.02
(Name of the Limite)	d Liability Compa A Florida Limited I	ny as it now appears : Liability Company)	on our records.)	10/3/2
			11.612.012	"OA
The Articles of Organization for this Limited Lia	bility Company	were filed on	10/2013	and assigned
Florida document number L13000173022	<del></del> ,			
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liebi	ility company hor		
and the new name of	ine minica nao	inty company nero	<u>-</u> -	
The new name must be distinguishable and contain the wo	rds "Limited Liabil	ity Company," the des	ignation "LLC" or the al	bbreviation "L.L.C."
		55 Miracle Mil		
Enter new principal offices address, if applicable:		Coral Gable, FL 33134		
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>	<u> </u>		
Enter new mailing address, if applicable:		55 Miracle Mil	e. Suite 310	
(Mailing address MAY BE A POST OFFICE B	(OX)	Coral Gables, F		
2 11001011100	<u> </u>			
				11 12 1 - 14 Table
B. If amending the registered agent and/o	r registered of	fice address on o	our records, <u>enter</u>	the name of the new
registered agent and/or the new registered offi	ice address here	2:		
	Richards Gol	datain IID		
Name of New Registered Agent:	Kicharus Goi	ustem LLP		
New Registered Office Address:	55 Miracle Mile, Suite 310			
	<u>.</u>	Enter Florid	a street address	
	Coral Gables	City	, Florida <u>33</u>	Zin Code
		* ·		7

## 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = A	AMBR = Authorized Member						
<u>Title</u>	<u>Name</u>	Address	Type of Action				
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	Sign	ature of a member or autho	orized representative of a m	ember	ALC:	الديادة المتا
	RICHARD L. RICHAR				系統	Cherne
		Typed or printe	ed name of signee		-7	Para Para
		Page	3 of 3		PH 2: 02	
		Filing Fe	ee: \$25.00			