

L14 000075857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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FILED
16 MAY 19 PM 12:00
SECURITY & STATE
TALLAHASSEE, FLORIDA

13 MAY 27 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GROUP FALCO 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:

IGNACIO FALCO

Name of Person

GROUP FALCO LLC

Firm/Company

757 SE 17TH ST, #590

Address

FORT LAUDERDALE, FL 33316

City/State and Zip Code

FALCO.IGNACIO@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IGNACIO FALCO

Name of Person

954 740-3539

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GROUP FALCO 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 MAY 9TH, 2014 and assigned Florida document number L14000075857.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

FALCO GROUP LLC

The new name must be distinguishable and end with 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)

757 SE 17TH ST #590

FORT LAUDERDALE, FL 33316

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

757 SE 17TH ST #590

FORT LAUDERDALE, FL 33316

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:

IGNACIO FALCO

New Registered Office Address:

757 SE 17TH ST #590

Enter Florida street address

FORT LAUDERDALE

City

Florida

Zip Code

14 MAY 19 12:00 PM
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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.

Ignacio Falco
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRET
MAY 19 1968
DEPT. OF STATE
TALLAHASSEE, FLORIDA

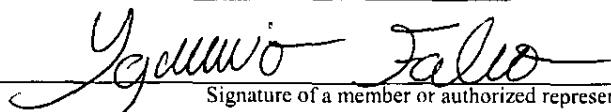
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

~~XXXXXXXXXX~~

E. Effective date, if other than the date of filing: 05-19-2014 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MAY 15TH, 2014



Signature of a member or authorized representative of a member

IGNACIO FALCO

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

FILED
14 MAY 19 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA