

# L14000152778

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H19000349738ABCB

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855) 498-5500  
Fax Number : (800) 432-3622

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
FOTECH SOLUTIONS, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 05      |
| Estimated Charge      | \$55.00 |

**\*\*\*PLEASE GIVE THE ORIGINAL SUBMISSION DATE  
AS THE FILE DATE - 12/3/19\*\*\*\*\***

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December 4, 2019

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FOTECH SOLUTIONS, LLC  
501 RIVERSIDE AVENUE  
SUITE 600  
JACKSONVILLE, FL 32202US

SUBJECT: FOTECH SOLUTIONS, LLC  
REF: L14000152778

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The addresses of the managers are too small please make them to where they can be read.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux  
Regulatory Specialist II

FAX Aud. #: H19000349738  
Letter Number: 319A00024545

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

Step 10 - Part C - Document 2

**SUBJECT: FOTECH SOLUTIONS, 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:

Vickie Wang

Name of Person

BoyarMiller

Firm/Company

2925 Richmond Ave., 14th Floor, Houston, TX 77098

Address

Houston, Texas

City/State and Zip Code

vwang@boyarmiller.com

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

For further information concerning this matter, please call:

Vickie Wang

at ( 832 )

615-4259

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)

☐ \$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

**FILED**

2019 DEC 10 PM 4:13:04  
FILED

FOTECH SOLUTIONS, LLC

~~(Name of the Limited Liability Company as it now appears on our records)~~  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on September 30, 2014 and assigned Florida document number L14000152778.

This amendment is submitted to amend the following:

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

Falcon Solutions, LLC

The new name must be distinguishable and contain 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) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida

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 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 = Authorized Member

Step 10 - Part C - Document 2

| <u>Title</u> | <u>Name</u>           | <u>Address</u>  | <u>Type of Action</u>  |
|--------------|-----------------------|---|--|
| MGR          | Douglas Gibson        | c/o Fotech Group Limited<br>Titans House, Redfields Industrial Park<br>Redfields Lane, Church Crookham<br>Hampshire, GU52 0RD, United Kingdom | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |                       |   | <input type="checkbox"/> Change  |
| MGR          | Fotech Group Limited  | Titans House, Redfields Industrial Park<br>Redfields Lane, Church Crookham<br>Hampshire GU52 0RD, United Kingdom                              | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |                       |   | <input type="checkbox"/> Change  |
| MGR          | Falcon Holdco Limited | Union Plaza (6th Floor)<br>1 Union Wynd<br>Aberdeen, AB10 1DQ   | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                       |   | <input type="checkbox"/> Change  |
|              |                       |   | <input type="checkbox"/> Add   |
|              |                       |   | <input type="checkbox"/> Remove  |
|              |                       |   | <input type="checkbox"/> Change  |
|              |                       |   | <input type="checkbox"/> Add   |
|              |                       |   | <input type="checkbox"/> Remove  |
|              |                       |   | <input type="checkbox"/> Change  |
|              |                       |   | <input type="checkbox"/> Add   |
|              |                       |   | <input type="checkbox"/> Remove  |
|              |                       |   | <input type="checkbox"/> Change  |

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

Step 10 -- Part C - Document 2

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated 26 November, 2019



Signature of a member or authorized representative of a member

Douglas Gibson, as President

Typed or printed name of signer