## 116000 173424

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





100353163881

18,08/28--81889--881 \*\*88.88

OCT 2 8 2020

## **COVER LETTER**

S∯BJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of .	Amendment and feets) are sub-	mitted for filing	
Please return all correspo	ndence concerning this matter	to the following:	
	AMIN U REHMAN		
		Name of Person	
	FALCON MEDICAL GRO	OUP INC	
	<del></del>	Firm Company	· · · · · ·
	6000 METROWEST BLV	D SUITE 104	
		Address	
	ORLANDO FL 32835		
		City/State and Zip Code	
	AUR@ROGERS.COM		
		to be used for future annual report notific	adion)
For further information c	oncerning this matter, please ea	ali:	
AMIN U REHMAN		407 3149071	
Name of Person		at () Area Code Daytime	Lelephone Number
Unclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filling Fee & Certified Copy (additional copy is enclosed)	So(),00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
Mailing Addres		<u>Street Address:</u> Registration Sect	ion
Registration Section Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Ta	Hahassee

Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

> The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FALCON SLEEP AND NEURODIANOSTICS 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  $\frac{09/13/2016}{1}$ and assigned Florida document number  $\frac{1.16000173424}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "I imited Liability Company," the designation "FLC" or the abbreviation "FLC," 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 <u>\_\_</u>\_

## 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 jamiliar 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	FIRAS M SIOUFI	9622 LAKE HUGE DR	\ \ \
		GOTHA FL 34734	■Remove
AMBR	AAMR ARIF HEREKAR	7250 WESTPOINTE BLVD #1016	tXAdd
		ORLANDO FL 32835	□Remove
			[ Change
			Remove
			⊒Change
			DAdd
			□Remove
			□Change
			TAdd
			□Remove
			□Change
			□AJd
			□Remove
			☐ Change

	INCLUDING ALL FINACIAL INTERESTS
	09-30-2020
(If an e <u>Note</u> :	(optional)  flective date, if other than the date of filing:  flective 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)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
I the reco	ord 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 ided.
15	SEPT 30 2020
Dated	· · · · · · · · · · · · · · · · · · ·
	les from ,

Filing Fee: \$25.00

Lyped or printed name of signee