

LI6000 173 424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

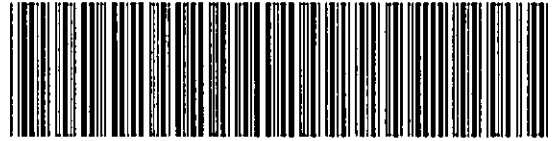
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OCT 28 2020

1 ALLOCATION

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FALCON SLEEP AND NEURODIAGNOSTICS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

AMIN U REHMAN

Name of Person

FALCON MEDICAL GROUP INC

Firm/Company

6000 METROWEST BLVD SUITE 104

Address

ORLANDO FL 32835

City/State and Zip Code

AUR@ROGERS.COM

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

For further information concerning this matter, please call:

AMIN U REHMAN

407 3149071

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input 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 checked="" 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	FIRAS M SIOUFI	9622 LAKE HUGE DR	<input type="checkbox"/> Add
		GOTHA FL 34734	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	AAMR ARIE HEREKAR	7250 WESTPOINTE BLVD #1016	<input checked="" type="checkbox"/> Add
		ORLANDO FL 32835	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

FIRAS M SIOUFI RESIGNED AND SURRENDERED ALL HIS INTERESTS IN COMPANY

INCLUDING ALL FINACIAL INTERESTS

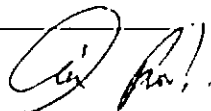
E. Effective date, if other than the date of filing: 09-30-2020 **(optional)**

(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 SEPT 30 2020



Signature of a member or authorized representative of a member

AMIN U REHMAN

Typed or printed name of signee

Filing Fee: \$25.00