16000173424

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	(,
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2022 SEP 15 AM 10: 46



A. BUTLER
SEP 1 6 2022

COVER LETTER

TO:

	Registration Se Division of Cor				
//· / · · · · · · · · · · · · · · · · ·	FALCON S	SLEEP AND NEURODIAGOS	TTICS LLC		
SUBJECT: Name of Limited Liability Company					
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please ret	urn all correspo	ndence concerning this matter	to the following:		
		AMIN U REHMAN			
			Name of Person		
		FALCON MEDICAL GRO	OUP INC		
			Firm/Company		
		6000 METROWEST BLV	D 104		
			Address		
		ORLANDO FL 32835			
		ADMIN@FSNEURO.COM	City/State and Zip Code		
		_	to be used for future annual report noti	tication)	
For furthe	er information c	oncerning this matter, please ca	all:		
AMIN U	REHMAN		407 314-907 at ()		
Name of Person		f Person	Area Code Daytim	e Telephone Number	
Enclosed	is a check for th	ne following amount:			
□ \$25.0	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 Addres Registration S Division of C P.O. Box 632 Fallahassee, I	Section orporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations 'allahassee e Street, Suite 810	

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

FALCON SLEEP AND NEURODIAGNOSTICS LLC

FILED (Name of the Limited Liability Company as it now appears on our records.) 15 AFI 10: 46

The Articles of Organization for this Limited Liability Co	SEPT.	0E STATE
The Articles of Organization for this Limited Liability Co	ompany were filed on	and assigned
Florida document numberL16000173424	_ ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	<u>ESS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our reco	rds, enter the name of the new registered
Name of New Registered Agent:		
		
New Registered Office Address:	Enter Florida	street address
		, Florida
	City	, Florida 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JAIVIR'S RATHORE MD	17847 ARBOR GREENE Dr.	□Add
		TAMPA FI. 33647	
			Change
			□ Remove
			🗀 Add
			Remove
			□Change
			□Remove
			🗀 Change
			Remove
			Change
			🗆 Add
			□Remove

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	SEPT 13	2027		
Effective date, if other than the filtan effective date is listed, the date mu- Note: If the date inserted in this bi- document's effective date on the D	date of filing: be specific and cannot be princh does not meet the appl	or to date of filing or mor icable statutory filing	(optional) e than 90 days after filing.) Pursu requirements, this date will n	ant to 605.0207 (3)(t of be listed as the
the record specifies a delayed effective ord is filed.	e date, but not an effective	time, at 12:01 a.m. or	n the earlier of: (b) The 90th	day after the
Dated SEPT 13	2022			
Dated	·	7-11		
	Signature of a member or an	thurized concentration	d'a member	
	orginature of a member of au	morred representative o	r a memor	

Filing Fee: \$25.00