L16000173424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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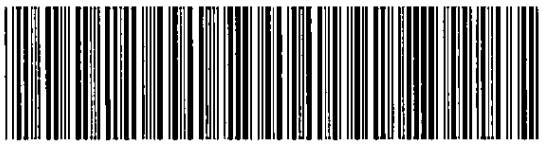

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FALCON SLEEP AND NEURODIADNOSTIC

LLC

Signature

Requested by: SETH

Name

10/25/22

Date

Time

- ____ Art of Inc. File____
- ____ LTD Partnership File____
- ____ Foreign Corp. File____
- ____ L.C. File____
- ____ Fictitious Name File____
- ____ Trade/Service Mark____
- ____ Merger File____
- ____ Art. of Amend. File____
- ____ RA Resignation____
- ____ Dissolution / Withdrawal____
- ____ Annual Report / Reinstatement____
- ____ Cert. Copy____
- ____ Photo Copy____
- ____ Certificate of Good Standing____
- ____ Certificate of Status____
- ____ Certificate of Fictitious Name____
- ____ Corp Record Search____
- ____ Officer Search____
- ____ Fictitious Search____
- ____ Fictitious Owner Search____
- ____ Vehicle Search____
- ____ Driving Record____
- ____ UCC 1 or 3 File____
- ____ UCC 11 Search____
- ____ UCC 11 Retrieval____

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 fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAIVIR SINGH RATHORE MD
Name of Person

FALCON MEDICAL GROUP INC
Firm/Company

6900 METROWEST BLVD STE-104
Address

ORLANDO FL 32835
City/State and Zip Code

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

For further information concerning this matter, please call:

JAIVIR SINGH RATHORE MD 216 925-2499
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 Address:
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

FILED

2022 OCT 26 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FL

FALCON SLEEP AND NEURODIAGNOSTICS 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 09/13/2016 and assigned Florida document number L16000173424

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 "Limited Liability Company" the designation "LLC" or "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: JAIVIR SINGH RATHORE MD

New Registered Office Address: 6006 METROWEST BLVD STE-103

(must be a street address)

ORLANDO (City) Florida (State) 32835 (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 617, F.S. Or if this document is being filed to reflect a change in the registered office address, I hereby certify that the limited liability company, as listed herein, maintains the new address.

If Changing Registered Agent, Signature of New Registered Agent

JAIVIR SINGH RATHORE MD

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

Title	Name	Address	Type of Action
AMBR	JAIVIR S RATHORE MD	6000 METROWEST BLVD STE 104	■ Add
		ORLANDO FL 32835	☐ Remove
			☐ Change
AMBR	AAMIR A HEREKAR MD	7250 WESTPOINTE BLVD #1016	☐ Add
		ORLANDO FL 32835	■ Remove
			☐ Change
MGR	AMIN U REHMAN	7250 WESTPOINTE BLVD #1016	☐ Add
		ORLANDO FL 32835	■ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

100% OWNERSHIP TRANSFERRED TO JAIVIR S. RATHORE MD

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TALLAHASSEE FL

E. Effective date, if other than the date of filing: 10/26/2022 (optional)

If an effective date is listed, the date must be specific and cannot be prior to the date of filing. Pursuant to s. 605.0207, F.S.

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 October 26 2022

Signature of a Member or an Authorized Representative (Typing Optional)

JAIVIR S RATHORE MD

Type or printed name of signee

Filing Fee: $25.00