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COVER LETTER

то:	Registration Se Division of Cor					
Gun in		LAND HOLDINGS, LLC				
Name of Limited Liability Company						
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please r	eturn all correspo	ndence concerning this matter	to the following:			
		Nina K. Proscia				
			Name of Person			
		FALCON LAND HOLDIN	NGS. LLC			
			Firm/Company	 		
		2989 SW Berwick Drive				
			Address			
City/State and Zip Code						
	ort notification)					
For furt	her information c	oncerning this matter, please c	atl:			
John T.	Anderson		904 207-99	060		
	Name o	ſ Person	Area Code 1	Daytime Telephone Number		
Enclose	d is a check for th	ne following amount:				
□ \$25	.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassec, 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 22162 21 17/2/17 **OF**

FALCON LAND HOLDINGS, 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 February 8th, 2017 and assigned				
Florida document number $\frac{1.17000030717}{}$.					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	pility company here:				
The new name must be distinguishable and contain the words "Limited Liabil	Hity Company," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	2989 SW Berwick Drive				
(Principal office address MUST BE A STREET ADDRESS)	Oak Harbor, WA, 98277				
Enter new mailing address, if applicable:	2989 SW Berwick Drive				
(Mailing address MAY BE A POST OFFICE BOX)	Oak Harbor, WA. 98277				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registe</u>				
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street address				
	Florida				
· · · · · · · · · · · · · · · · · · ·	Cuy Zip Code				
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>				

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>	Name	Address	Type of Action
AMBR	Nicholas Proscia	2651 Jenkins Avenue SW	
		Wyoming, M1 49509	■Remove
			□Change
AMBR	Nina K. Proscia	2989 SW Berwick Drive	■ Add
		Oak Harbor, WA 98277	□Remove
			□Change
MGR	Christine Sucena	10100 Hayward Road	DAdd
		Spring Hill, FL 34608	■Remove
MGR	John T. Anderson	2989 SW Berwick Drive	■Add
		Oak Harbor, WA 98277	□Remove
			□Change
			□Add
			□ Remove
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an effe <u>fote:</u>	ve date, if other than the date of filing:
record I is fil	I 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 ed.
ated .	18/14/2024
	NIM
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00



COUNTY OF KENT STATE OF MICHIGAN

20 07 L1 Ker	22407799083821 Pgs:1 DC 7729/2024 88:37 RM Isa Postnumus Lyons mit County Clark/Register. Mi	DEPARTMENT CE	STATE OF TOF HEALTH ERTIFICAT	EAND HUMA	IN SERVICE	S STATE F)56804 ILE NUMI	er er	
1	I. DECEDENT'S NAME (First Middle, Last) Nicholas James Proscia	,	2. DATE OF BE May 10		3. SEX Male	4 DATE OF DEATH	July 23, 2024		
	3. NAME AT BIRTH OR OTHER NAME USED FOR PERSONA	IL BUSINESS			65 UNDER 1			UNDER 1 DAY	
1			I	70	MOM1	HS DAYS	HOURS	MINUTES	
CEDENT	7s LOCATION OF DEATH 2651 Jenkins Avenue South-West 49509	w	S CITY, VILLAGE OR TOWNSHIP OF DEATH Wyoming			Kent			
[Michigan Kent	I	· · · · · · · · · · · · · · · · · · ·			ET AND NUMBER Enkins Avenue So	outh-Wes	et	
	Ic. ZIP CODE P. BIRTH PLACE		ming 2651 Jenkins Avenue South-West 6. SOCIAL SECURITY NUMBER 11. DECEDENT'S EDUCATION						
1	49509 Brooklyn, New		129	29 42-7309) Some college credit but no degree					
	12. FACE White San Ancestry San			\\	I DISPANIC DA EVER IN THE U.S. ORIGIN ARMED FORCEST NO NO				
1	15. USUAL OCCUPATION IS. KIND OF E Contractor Construction	BUSINESS OX INDU	JSTRY I	7, MARITAL, ST Divorc	TATUS	1. NAME OF SURVIVE	yo seous	E	
F	19, FATHER'S NAME (First, Middle, Latt)			IER'S NAME BE	· .	MARRIED (First,)	diddle, Last)		
3	Benedetto Proscia	DNSHIP; TO DECEDI		McNeil	PEC	<u> </u>	<u> </u>		
PORMAN	Nina Proscia , Daughter	11				arbor, Washingto	n 98277		
2	,					Michigan	\		
ě	24 SIGNATURE OF MORTUARY SCIENCE LICENSFE	Cremation TI.C Crematory Inc. GED Grandville, Michigan \ 24 SIGNATURE OF MORTUARY SCIENCE LICENSFE 25, LICENSE NUMBER 26, NAME AND ADDRESS OF FUNERAL FACILITY							
804310	Rachael S. Kluz Matthysse, Kuiper, DeGraaf Funeral Directors Wyoming Chapel; 4031 Clyde Park SW, Wyoming, Michigan 49509								
	256. ACTUAL OR PRESUMED 256. PRONOUNCED DEAD ON 256. TIME								
	David A Start, MD 29. MFDICAL EXAMINER 30. PLACE OF DEATH 31. IF HOSPIFAL CONTACTED Decedent Residence Ves								
51.	276. DATE SIGNED \ 276. LICENSE NUMBER July 25, 2024 4301056247								
CLETIFIC	14. NAME AND ADDRESS OF CERTIFYING PHYSICIAN David A Start, MD, Kent County ME, 1840 Wealthy SE Spectrum Health, Blodgett Campus, Ground Rapids, Michigan 49506								
Į	331 REGISTRAR'S SIGNATURE Lian Post	thumu à	you.	/	35b. DATE FI	LED July 29,	2024		
		ar disease		707		ndar ,		made Interval Onset and Death	
	BOUTLIAN E CALIFE From								
=	Industrially ins 27 ANY Vesting to the booker than 1, before the DOSENTER YOU CAUSE DOSENTER YOU CAUSE	Ty aver yearing to the Company of th							
CAUSE OF BEATS	Shows or Specy Shill append the remain creating LAST	Character of Reprint State of American Character of Chara							
CAUSE	PART II. OTHER SIGNIFICANT CONDITIONS commbeting in given in Part I Diabetes mellitus, obesity	·				Yes Probably		MALE Regulated to deleting point years and not believe of deleting regulated, high prospeciate of deleting of deleting	
	39 MANNER OF DEATH 40L WAS A	N AUTOPSY PERF				NGS AVAILABLE			
Ĺ	Natural 41a. DATE OF INJURY 41b. TIME OF IL	No	Not Applicable				Mer program, but program 41 days to 1 person death		
	THE ADDRESS OF THE AD	NJUKS	410. PEACRID	I: III/W IMIOA I	YUCCURRE	,		•	
KAMINER	414. INJURY AT WORK 41c. PLACE OF INJURY 41f	FIF TRANSPORTAT	HON INJURY	41g LOCATIO	Ж			•	

I, LISA POSTHUMUS LYONS, CLERK OF KENT COUNTY DO HEREBY CERTIFY that the foregoing is a true and exact copy of the original document on file in the office of the County Clerk

LISA POSTHUMUS LYONS KENT COUNTY CLERK/REGISTER

JUL 29 2024

DATED:

A07018990

