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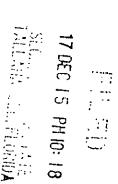
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COVER LETTER

Div	ision of Corp	orations			
SHR ICTT:		AL ESTATE LLC			
SOBJECT:			aited Liability Company	 -	
The enclosed	Articles of 2	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspor	idence concerning this matter	to the following:		
		JAMES FALLACARO			
			Name of Person		
		FALCO REAL ESTATE I	LLC		
Firm/Company					
		3830 SW 51ST STREET			
			Address		
		FT LAUDERDALE, FL. 3	33312		
			City/State and Zip Code		
		JAMESFALLACARO@YA			
		E-mail address: (to be used for future annual report noti	fication)	
For further in	iformation co	ncerning this matter, please ca	all:		
JAMES FALLACARO			754 610-7673		
	Name of	Person	at () Area Code Daytim	ie Telephone Number	
Enclosed is a	check for the	following amount:			
□ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	

 ${\bf MAILING~ADDRESS:}$

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FALCO REAL ESTATE 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 06/12/2017 and assigned Florida document number 1.17000128546 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 the abbreviation 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

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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>	<u>Address</u>	Type of Action
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Filing Fee: \$25.00