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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Falcon Empire Realty LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jessalyn Falcon Name of Person
Falcon Empire Realty, LLC
7925 NW 12 St. Ste 319
Doral, FL. 33126 City/State and Zip Code Jessalyn 510 Danal. (on E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jessalyn Falcon at (205) 479-5585. Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S25.00 Filing Fee S255.00 Filing Fee Fee S255.00 Filing Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe

MAILING ADDRESS:

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**

Falcon Empire	Realty LLC Liability Company as it now appears on our records.) Horida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number LIBODO 140439	lity Company were filed on <u>6/6/18</u>	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the ab	ohreviational 1 6%
Enter new principal offices address, if applicable		A SECTION
(Principal office address MUST BE A STREET A	(DDRESS)	5 (85)
Enter new mailing address, if applicable:		PH 2: 20
(Mailing address MAY BE A POST OFFICE BO)	N)	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter</u> address here:	the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	
-	City	Zip Code
New Registered Agent's Signature, if changing Regi-	stered 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>	Name	Address	Type of Action
Office/ Director	Jessalyn Falcon	7925 NW 12 St, Ste 319	🗆 Add
		Doval, Fl 33126	□ Remove
			Change
			
			□ Remove
			Change
			Add
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n effective date is listed, the oter. If the date inserted:	e date must be specific	and cannot be prior	to date of filing or m	ore than 90 days after fil	ing.) Pursuant to 60)5.02 sted a
cument's effective date	on the Department of	of State's records.		- ·		
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record specifies a o The 90th day after t	delayed effectiv the record is file	e date, but no ≥d.	t an effective t	me, at 12:01 a.r	n. on the earl	ier
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Filing Fee: \$25.00