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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

(Business Entity Name)

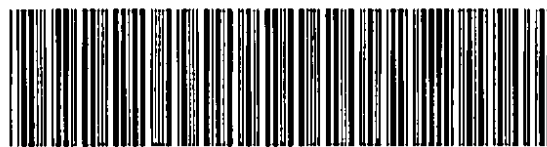
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U.S. DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FALSCROFT ENTERPRISES 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:

Bradley F. White, Esq.

Name of Person

WhiteBird, PLLC

Firm/Company

2101 Waverly Place, Suite 100

Address

Melbourne, Florida 32901

City/State and Zip Code

bwhite@whitebirdlaw.com

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

For further information concerning this matter, please call:

Bradley F. White, Esq.

321

327-5580

at ()

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

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RECEIVED
DIVISION OF CORPORATIONS
SEP 15 2015

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

FALSCROFT ENTERPRISES 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 May 10, 2021 and assigned
Florida document number L21000217337.

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 "L.L.C."

Enter new principal offices address, if applicable:

3000 Friday Lane

(Principal office address MUST BE A STREET ADDRESS)

Cocoa, Florida 32926

Enter new mailing address, if applicable:

3000 Friday Lane

(Mailing address MAY BE A POST OFFICE BOX)

Cocoa, Florida 32926

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:

Justin M. Falscroft

New Registered Office Address:

3000 Friday Lane

Enter Florida street address

Cocoa

Florida 32926

City

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Walter M. Falscroft	1040 S. Breavard Avenue	<input type="checkbox"/> Add
		Cocoa, Florida 32931	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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OFFICE OF THE SECRETARY

[illegible]

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... ..

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.

Dated 9 SEPTEMBER, 2022

Signature of a member

Signature of a member or authorized representative of a member

Justin M. Falscroft, A Member

Typed or printed name of signee

Filing Fee: \$25.00