123000195644

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Baseline in Transcol)
0.47-10-4.01
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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06/25/24--01027--023 **25.00

7/10/24 KH

COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Cor	rporations		
SURJECT: F	- Rliwon LLC		
30 5 0 5 0000000000000000000000000000000	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing,	
Please return all correspo	ondence concerning this matter	to the following:	
•	•	•	
	Na	dia Saliwan Name of Person	
		Firm/Company	
		alencia Rd	
		Address	
	Venic	City/State and Zip Code	1285
		to be used for future/annual report noti	
For further information c	e-mail address: (.	neation)
Nadia S	f Person	at (732) 216 Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Sec	ction
Division of C	orporations	Division of Cor	porations
P.O. Box 632	.7	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Faliwon	L-L-C			
(Name of the Limit	ted Liability Compa (A Florida Limited l	ny as it now appears on clability Company)	our records.)	
The Articles of Organization for this Limited L	iability Company	were filed on U	20/23	and assigned
Florida document number <u>92 - 3612</u>	<u> 109 </u>			
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name of the limited liability company here:				
The new name must be distinguishable and contain the v	vords "Limited Liabil	ity Company," the designa	tion "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	able:			<u>.</u>
(Principal office address MUST BE A STREE	T ADDRESS)		- <u>-</u>	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and/or ragent and/or the new registered office address		ddress on our record	ls, <u>enter the na</u>	me of the new registered
agent and/of the new registered office address				
Name of New Registered Agent:	Nadia	Salinon		
New Registered Office Address:	47	Salinon Roter Florida str	a Rd reet address	
	<u>Ven</u>	City	, Florida _	34285
		Ctify		гір Соае

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>	Address	Type of Action
MOR	Nadia Salinom	429 Valencia Rd	
		Venice FL 3428	□Remove
			□ Change
Mac	Joseph Falano	Same as about	□Add
			X Remove
			□Change
AMBR	Joseph Falam	some as above	Add
			□ Remove
		 	Change
	·		□Add
			□Remove
			□Change
			□ ∧dd
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	e date, if other than the date of filing: (optio	nal)
ffective	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the date inserted in this block does not meet the applicable statutory filing requirements, this	
an effect ote: If	the date inserted in this order does not meet the applicable statutory trining requirements, this it's effective date on the Department of State's records.	iling.) Pursuant to 605.0207
an effect ote: If ocumen record s	t's effective date on the Department of State's records. specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	iling.) Pursuant to 605.0207 date will not be listed as
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Filing Fee: \$25.00