L23000222650

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(,,,,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to 1 ming Officer.

Office Use Only



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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: FALCON9	HOLDINGS, LLC		*L		
	Name of Lim	ited Liability Company			
The constant of National Constant	A	the A.C. Will.			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	JOHN WHITMIRE				
		Name of Person			
	FALCON9 HOLDINGS. I	LLC			
		Firm/Company			
	2017 CAPE HEATHER C	IRCLE			
		Address			
	CAPE CORAL, FL 3399	ı			
	C/11 B CON/11, 1 B 33 / 2	City/State and Zip Code			
	JOHNWHITMIRE64@HO	TMAIL.COM			
	-	to be used for future annual report not	tification)		
For further information e	oncerning this matter, please c	all:			
JOHN WHITMIRE		at (239) 265-7881			
Name o	f Person	Area Code Daytir	ne Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection		
Division of C		Division of Co			
P.O. Box 632	.7		The Centre of Tallahassee		
Tallahassee, l	FL 32314	2415 N. Monro	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	il.			
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FALCON9 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 05/05/2023 _____ and assigned Florida document number <u>L23000222650</u> 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: (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:

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 adderor removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	COLBY, CRAIG S.	10486 NINA ST., SEMINOLE, FL. 33778	= Add
			□Remove
			□Change
			□Add
-			□Remove
			□ Change
			□ Add
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			□Remove
			□Change

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Signature of a member or authorized representative of a member							
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