## L23000717472

(Requestor's Name)
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(Business Entity Name)
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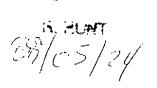
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## **COVER LETTER**

Registration Section Division of Corporations

TO:

FALCON SUBJECT:	FINANCIAL LLC					
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	JORGE L FIGUEIRA					
		Name of Person				
		Firm/Company				
	323 SUNNY ISLES BLVI	D. SUITE 700				
		Address				
	SUNNY ISLES BEACH, I	FL 33160				
		City/State and Zip Code				
	jfigueira@falconfinancial.n					
		to be used for future annual report not	incation)			
For further information	concerning this matter, please of	all:				
JORGE L FIGUEIRA		786 5083790				
Name (	of Person	at () Area Code Daytin	ne Telephone Number			
Enclosed is a check for t	he 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 Addre Registration Division of O P.O. Box 63: Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monre	rporations			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FALCON FINANCIAL LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) inted Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on 08/04/2023	and assigned
Florida document number L23000367472		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	,	
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
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Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		-12: 1, cm
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B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter th</u>	e name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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 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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in effective date is ote: If the date i	other than the listed, the date mus nserted in this bl we date on the De	it be specific and ock does not m	cannot be prior eet the applic	able statutory	or more than 90 filing requires	(option days after fi ments, this (	ling.) Pur	suant to 6 not be 1	505.020 isted a
record specifies a is filed.	delayed effectiv	e date, but not :	an effective ti	me, at 12:01 a	.m. on the ear	lier of: (b)	The 90	th day a	fter th
SEPTEMBI	ER 4		2024						
ated		V.							

Filing Fee: \$25.00