P07000051335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

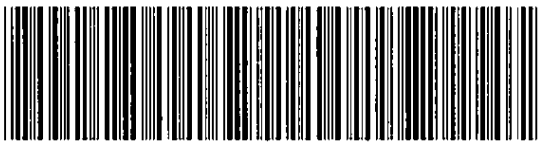
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900396719629

Amend

10/27/22--01001--002 **52.50

A. RAMSEY
OCT 27 2022

RECEIVED
2022 OCT 26 PM 2:39
FILED
2022 OCT 26 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FALCON MEDICAL GROUP INC

Signature

Requested by: SETH

Name

10/25/22

Date

Time

Walk-In _____ Will Pick Up _____

- _____ Art of Inc. File_____
- _____ LTD Partnership File_____
- _____ Foreign Corp. File_____
- _____ L.C. File_____
- _____ Fictitious Name File_____
- _____ Trade/Service Mark_____
- _____ Merger File_____
- _____ Art. of Amend. File_____
- _____ RA Resignation_____
- _____ Dissolution / Withdrawal_____
- _____ Annual Report / Reinstatement_____
- _____ Cert. Copy_____
- _____ Photo Copy_____
- _____ Certificate of Good Standing_____
- _____ Certificate of Status_____
- _____ Certificate of Fictitious Name_____
- _____ Corp Record Search_____
- _____ Officer Search_____
- _____ Fictitious Search_____
- _____ Fictitious Owner Search_____
- _____ Vehicle Search_____
- _____ Driving Record_____
- _____ UCC 1 or 3 File_____
- _____ UCC 11 Search_____
- _____ UCC 11 Retrieval_____
- _____ Courier_____

## COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FALCON MEDICAL GROUP INC.

DOCUMENT NUMBER: P07000051335

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAIVIR SINGH RATHORE, MD
Name of Contact Person

FALCON MEDICAL GROUP INC
Firm/ Company

6000 METROWEST BLVD STE-104-105
Address

ORLANDO FL 32835
City/ State and Zip Code

DOCJRATHORE@FSNEURO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAIVIR SINGH RATHORE, MD at ( 216 ) 925-2499
Name of Contact Person — Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ $35 Filing Fee

☐ $43.75 Filing Fee & Certificate of Status

☐ $43.75 Filing Fee & Certified Copy (Additional copy is enclosed)

■ $52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

**Mailing Address**
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Street Address**
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

FILED

2022 OCT 26 AM 11:26

FALCON MEDICAL GROUP INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P07000051335

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this ***Florida Profit Corporation*** adopts the following amendment(s) to its Articles of Incorporation:

A. **If amending name, enter the new name of the corporation:**

_____

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

B. **Enter new principal office address, if applicable:**
*(Principal office address MUST BE A STREET ADDRESS)*

_____

_____

_____

C. **Enter new mailing address, if applicable:**
*(Mailing address MAY BE A POST OFFICE BOX)*

_____

_____

_____

D. **If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

*Name of New Registered Agent* JAIVIR SINGH RATHORE, MD

_____
*(Florida street address)*

*New Registered Office Address:* 6000 METROWEST BLVD STE-104-105 ORLANDO, Florida 32835
*(City)* *(Zip Code)*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position*

_____ 10/26/2022
*Signature of New Registered Agent, if changing*

**Check if applicable**

☐ The amendment(s) is/are being filed pursuant to s. 607.0120(11)(e), F.S.

**If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:**

*(Attach additional sheets, if necessary.)*

*Please note the officer director title by the first letter of the office title:*

*P = President; VP = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.*

*Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.*

**Example:**

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

| Type of Action (Check One) | Title | Name | Address |
|---|---|---|---|
| 1) ____ Change | P, CEO | JAIVIR SINGH RATHORE MD | 6000 METROWEST BLVD 104-105 |
| X ____ Add | | | ORLANDO FL 32835 |
| ____ Remove | | | |
| 2) ____ Change | D | AAMR ARIF HEREKAR MD | 7250 WESTPOINTE BLVD 1016 |
| ____ Add | | | ORLANDO FL 32835 |
| X ____ Remove | | | |
| 3) ____ Change | D | AMIN U REHMAN | 7250 WESTPOINTE BLVD 1016 |
| ____ Add | | | ORLANDO FL 32835 |
| X ____ Remove | | | |
| 4) ____ Change | | | |
| ____ Add | | | |
| ____ Remove | | | |
| 5) ____ Change | | | |
| ____ Add | | | |
| ____ Remove | | | |
| 6) ____ Change | | | |
| ____ Add | | | |

E. **If amending or adding additional Articles, enter change(s) here**
*(Attach additional sheets, if necessary). (Be specific)*

STOCK SALE :

NUMBER OF SHARE 1,500,000.00 AT $0.0001 (100% OF THE SHARES)

ISSUE NEW SHARE CERTIFICATES TO JAIVIR SINGH RATHORE, MD.

F. **If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**
*(If not applicable, indicate N/A)*

CANCELLATION OF ISSUED STOCK CERTIFICATES TO AMIN U REHMAN

**The date of each amendment(s) adoption:** _____, if other than the date this document was signed.

**Effective date if applicable:** OCTOBER 26, 2022

*(no more than 90 days after amendment file date)*

**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.

**Adoption of Amendment(s)** **(CHECK ONE)**

☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."

*(voting group)*

Dated 10/26/2022

Signature _____

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

JAIVIR SINGH RATHORE MD

(Typed or printed name of person signing)

PRESIDENT & CEO

(Title of person signing)