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SECRETARY OF STATE  
TALLAHASSEE, FL

9/29/21

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** FOCO PUBLICITARIO, 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:

LAURYS OSGLEIDYS PÉREZ SEQUERA  
Name of Person  
FOCO PUBLICITARIO, LLC  
Firm/Company  
105 CANDLEWICK RD  
Address  
ALTAMONTE SPRINGS/ FLORIDA 32714  
City/State and Zip Code  
FOCOPUBLICITARIOCA@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL

For further information concerning this matter, please call:

LAURYS OSGLEIDYS PÉREZ SEQUERA      929      4423002  
Name of Person      at (      )      Daytime Telephone Number  
Area Code

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

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

FOCO PUBLICITARIO, 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 04/02/2021 and assigned Florida document number 121000154289.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

FOCO AGENCY, LLC.

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)**

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**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: LAURYS OSGLEIDYS PÉREZ SEQUERA

New Registered Office Address: 105 CANDLEWICK RD

Enter Florida street address

ALTAMONTE SPRINGS, Florida 32714

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>	<u>Type of Action</u>
MGR	LAURYS OSGLEIDYS PÉREZ <del>ST</del>	105 CANDLEWICK RD/FLORIDA 32714	<input type="checkbox"/> Add
	SEQUERA		<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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