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GLEAL NEL COLORIDE
TALLAHASSEE, FLORIDE

MAY 2 0 2015 T. BROWN

# **COVER LETTER**

	gistration Sec vision of Corp		a.	
CUDICZT.	IN FOCU			
SUBJECT	:		ited Liability Company	
The enclose	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspor	ndence concerning this matter	to the following:	
		LOWELL HALPERN		
			Name of Person	
		IN FOCUS, LLC		
			Firm/Company	
		1515 HARDING STREET		
			Address	
		HOLLYWOOD, FL 3302	0-2562	
			City/State and Zip Code	
		HALPH4@BELLSOUTH.		<u> </u>
		E-mail address: (	to be used for future annual report notif	ication)
For further	information co	oncerning this matter, please ca	all:	
LOWELL	HALPERN		954 830-3781	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	e 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TO THAY 18 PM 12:20

IN FOCUS, 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 4/2/2007 and assigned Florida document number 20700034716.

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 "L.C." 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:

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

Name of New Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida \_

'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
MGR	MARIA HALPERN	1515 HARDING STREET	■ Add
		HOLLYWOOD, FL 33020	☐ Remove
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Typed or printed name of signee

Filing Fee: \$25.00