L07000058005

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2009 FEB 23 PM 3: 32 SEURETWRY OF STATE IALLAHASSEE, FLORIDA

C. LEWIS
FEB 2 4 2009
EXAMINER

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: SILBER	MAN DESIGNS LL		•			
•	(Name of Lim	nited Liability Company)				
The enclosed Articles of A	mendment and fee(s) are sub	bmitted for filing.				
Please return all correspondence concerning this matter to the following:						
	ALEJANDRO NATHAN					
		(Name of Person)				
	SILBERMAN DESIGNS LLC					
(Firm/Company)						
2655 LE JEUNE RD, # 406						
		(Address)				
CORAL GABLES, FL 33134						
		(City/State and Zip Code)				
Ear forth on information age		.11.				
For further information cor	ncerning this matter, please c	aii:				
ALEJANDRO NATHAN		at (305) 484-7803				
(Name of Person) (Area Code & Daytime Teleph			'elephone Number)			
Enclosed is a check for the	_					
□ \$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 Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons · Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2009 FEB 23 PM 3: 32

SILBERMAN DESIGNS LLC

SECRETARY OF STATE TALLAHASSEE, FLORIDA

(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 Li	ability Company	were filed on JUNE 01,	2007 and assigned
Florida document number L07000058005	 -		
This amendment is submitted to amend the following	owing:	·	
A. If amending name, enter the new name of	the limited liab	ility company here:	
FOCUS DESIGNS LLC.			
The new name must be distinguishable and end wit "L.L.C."	h the words "Limi	ted Liability Company," th	e designation "LLC" or the abbreviatio
Enter new principal offices address, if applicable:		20801 BISCAYNE BLVD., SUITE # 403	
(Principal office address MUST BE A STREET ADDRESS)		AVENTURA, FL 33180	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>		
B. If amending the registered agent and/or the new registered off	er registered off fice ad <u>dress her</u> c	ice address on our re	cords, enter the name of the nev
Name of New Registered Agent:	ALEJANDRO I	ALEJANDRO NATHAN	
New Registered Office Address:	3		
		(Enter Flo	orida street address)
	AVENTURA		_, Florida <u>33180</u>
		(City)	(Zip Code)
New Registered Agent's Signature, if changing R	egistered 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member						
<u>Title</u>	<u>Name</u>	Address	Type of Action			
	<u> </u>		Add Remove			
		•	AddRemove			
			T Domovo			
			AddRemove			
	_		AddRemove			
			Add Remove			
D. If a	mending any other information, enter cl	hange(s) here: (Attach additional sheets, if ne	ecessary.)			
Dated _	February 18.	2009.	ZBOPFEB 23			
	Ale	ember or authorized representative of a member	PH 3: 32			
	T	yped or printed name of signee	1.2			

Page 2 of 2

Filing Fee: \$25,00