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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporati	ons		•
SUBJECT: FO	CUS PAR-	TWERS U	<u>C</u>
The enclosed Articles of Amend	dment and fee(s) are submitted fo	r filing.	
Please return all correspondence	e concerning this matter to the fol	lowing:	
_	LYNN G	LENN	
	focus (Na	nc of Person) ARTNERS, L	C
	70 Bras	Udon Part	ners, INC. 1 PLACE
	- 100 (PASADENK Address)	1 PLACE
	ORU (City/Sta	1 DO PC 3 te and Zip Code)	2803
For further information concern	ing this matter, please call:		
LYND C	LENN a	(40) 835-9	100 00
(Name of Perso	n)	(467) 83 5 4 9 (Area Code & Daytime Tel	ephone Number) 800-le16-leHef
Enclosed is a check for the follo	wing amount:		•
	Certificate of Status Co	.00 Filing Fee & ertified Copy dditional 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**

08 AUG 27 AH 11: 12

FOCUS PARTNER				
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) mpany)			
The Articles of Organization for this Limited Liability Company were filed	on 4/30/2008 and assigned			
Florida document number <u>L 0 80000 43</u> 14 3	•			
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited liability comp</u>	pany here:			
The new name must be distinguishable and end with the words "Limited Liabilit" L.L.C."	y Company," the designation "LLC" or the abbreviation			
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 here: Name of New Registered Agent:	ess on our records, <u>enter the name of the ne</u>			
New Registered Office Address: (Enter Florida street address)				
	Florida			
(City)	, Florida(Zip Code)			
New Registered Agent's Signature, if changing Registered Agent:				
haraby against the appointment as posiciously assume and appear to get i	this and the transfer of the t			

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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	STEPHEN E. BRANDO	WINTER PARK FL 32789	Add Remove
MERM	RANDY J. HOLIH	ORLANDO, FL 32813	Add Remove
MGRY	KAREN BALCERA	K 1607 GLENWZCK DRIVE WINDERHERE, FZ 34786	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	
<u></u>			THE PARTY OF ANY
_			SEE FLOR
Dated	80868		-00A
	E Ban	or authorized representative of a member	
	STEPHEN	S. BRAWDON or printed name of signee	
	i vijeu	or printed name of signee	

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Filing Fee: \$25.00