

L08000052596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

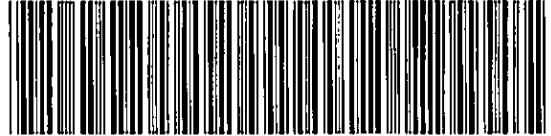
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LTS
11-16-18

FILED
2018 NOV 16 PM 1:13
SECRETARY OF STATE
TALLAHASSEE FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 26, 2018

MICHAEL A. COOK, SR
FOCUS SALES ASSOCIATES
47 FOUR CORNERS RD
BLAIRSTOWN, NJ 07825

SUBJECT: FOCUS SALES ASSOCIATES, LLC
Ref. Number: L08000052596

We have received your document for FOCUS SALES ASSOCIATES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Stacy Prather
Regulatory Specialist III

Letter Number: 618A00022110

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Focus Sales Associates, 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:

Michael A. Cook
Name of Person

Focus Sales Associates, LLC
Firm/Company

47 FOUR CORNERS Rd.
Address

BLAIRSTOWN, NJ 07825
City/State and Zip Code

Mike48Cook@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Cook at (973) 222 1001
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount: ALREADY PAID BY CHECK
previously

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

FILED

2018 NOV 16 PM 1:13

Focus Sales Associates, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L08000052596.

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 "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)

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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 Changing Registered Agent, Signature of New Registered Agent

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>
	<u>Beverly A. Cook</u>	<u>47 Four corners Rd.</u>	<input checked="" type="checkbox"/> Add
		<u>BLAIRSTOWN NJ 07825</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	<u>Jeremy A. Cook</u>	<u>47 Four corners Rd.</u>	<input type="checkbox"/> Add
		<u>BLAIRSTOWN, NJ 07825</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	<u>Michael A. Cook</u>	<u>4460 Crescent St.</u>	<input type="checkbox"/> Add
		<u>STRONSBURG, PA 18360</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	<u>MARK M. Cook</u>	<u>196 Shawnee Valley</u>	<input type="checkbox"/> Add
		<u>EAST STRONSBURG, PA</u>	<input checked="" type="checkbox"/> Remove
		<u>18032</u>	<input type="checkbox"/> Change
	<u>JARED C. Cook</u>	<u>1108 SE 16th Terrace</u>	<input type="checkbox"/> Add
		<u>CAPE CORAL, FL 33990</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

(This area is for amendments. A large diagonal line is drawn across the space.)

E. Effective date, if other than the date of filing: ~~11/5/18~~ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 11/4/18

Michael A. Cook

Signature of a member or authorized representative of a member

Michael A. Cook

Typed or printed name of signer