## L0800005228

(Re	equestor's Name)
(Ac	ddress)
(Ac	ldress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
ertified Copies	Certificates of Status
Special Instructions to	Filing Officer:
Openial manuolions to	i amy Onioci.

A. LUNT

OCT 26 2009

**EXAMINER** 

Office Use Only



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10/23/09--01026--012 \*\*25.00

SECRETARY OF STATE.

## **COVER LETTER**

TO:	Registration Sec Division of Corp				Λ.	
SUBJI	ECT:	Focus Forw	ard Solutions, LLC.			
		Name of Lim	ited Liability Company			
The en	closed Articles of A	Amendment and fee(s) are sul	omitted for filing.			
Please	return all correspor	ndence concerning this matter	to the following:			
			Christopher Johnson		_	
			Name of Person			
		Focus	s Forward Solutions, LLC.		_	
			Firm/Company			
		17	7633 Gunn Hwy., #237		- A <sub>cc</sub> &	
			Address			
<del> </del>			Odessa, Florida 33556		OCT 2	
			City/State and Zip Code		mi Eo	A Trans
		E-mail address: (	chris@cjnow.com to be used for future annual report notifi	cation)	PA PEL	
For fu	rther information co	oncerning this matter, please of	·	,	2009 OCT 23 PM 1:58 SECRETARY OF STATE ALLAHASSEE, FLORIDA	O
	Chris Jon Name of	hason Person	at ( <del>§13 ) 426-34</del> Area Code & Daytimo	100 Telephone Number		
Enclos	sed is a check for the	e following amount:	•			
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	) Certifie	ate of Status &	ed)
MAILING ADDRESS:			STREET/COURI			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
'Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Focus	Forward Solutions, L	LC.	
( <u>Name of the Limited Lia</u> (A Flo	ability Company as it now apported Limited Liability Company	pears on our records.)	
The Articles of Organization for this Limited Liabi	lity Company were filed on _	November 10, 2	008 and assigned
Florida document numberL0800010522			
This amendment is submitted to amend the followi	ng:		
A. If amending name, enter the new name of th	e limited liability company	<u>here</u> :	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Con	mpany," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicabl	e:		A 2
(Principal office address MUST BE A STREET A	(DDRESS)		<u> </u>
	<u> </u>		7723 ASSE
Enter new mailing address, if applicable:			CO P
(Mailing address MAY BE A POST OFFICE BO	<u></u>		23 <del>-                                   </del>
•	<u></u>		<u>~                                      </u>
B. If amending the registered agent and/or registered agent and/or the new registered office		n our records, <u>ente</u>	r the name of the nev
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street d	uddress
		, Florida	
-	City	, Fioriua	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 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

Title Name **Address** Type of Action **MGMR Brooke Muskat** 20307 Chestnut Grove Drive ☐ Add Remove Tampa, FL 33647 Jamie Kellogg MGMR 17633 Gunn Hwy., #237 ✓ Add Odessa Fl 33556 ☐ Remove ☐ Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 13 2009 Dated\_ Signature of a member or authorized representative of a member Christopher Johnson Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00