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**EXAMINER** 

SECRETARY OF STATE

Marine Ma

## **COVER LETTER**

TO: Registration Secti Division of Corpo				
SUBJECT:		EY & ASSOCIATES, ited Liability Company	LLC	
•	Name of Lim	ned Liability Company		
The enclosed Articles of Ar	mendment and fee(s) are su	bmitted for filing.		
Please return all correspond	lence concerning this matter	r to the following:		
		Craig A. Werley		
		Name of Person		
	Craig A	. Werley & Associates,	LLC	
		Firm/Company		
	1000 Po	nce De Leon Blvd., Suit	e 205	
		Address		
	Cor	al Gables, Florida 3313	4	
		City/State and Zip Code		
	E-mail address: (	erley@focusadvisors.net to be used for future annual report	notification)	
For further information con	cerning this matter, please	call:		200 TA:
Craig	A. Werley	at ( 305 )	441-6438 aytime Telephone Number	ECRE JUL
Name of P	erson	Area Code & Da	aytime Telephone Number	ARY ASSI
Enclosed is a check for the	following amount:			SECRETARY OF STATE
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	losed) Certified	e of Status &

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

C	RAIG A. WERLEY	& ASSOCIATE	S, LLC	
. ( <u>Name o</u>	Tthe Limited Liability Com (A Florida Limite	pany as it now appears d Liability Company)	on our records.)	
	:	, , , , , ,		
The Articles of Organization for th	is Limited Liability Compa	ny were filed on	11/12/2008	and assigned
Florida document number	L08000105608			
This amendment is submitted to an	nand the following:			
1008 antendireta is smantied to m	nend the following.			
A. If amending name, enter the	new name of the limited li	ability company here	:	
	FOCUS PROPER	TIES GROUP, LLO	C	TAS 2
The new name must be distinguishab	le/and end with the words "L	imited Liability Compan	y," the designation	"LEG or the abbreviation
"U.L.C."	•			題言す
Enter new principal offices addre	ess, if applicable:			SA N
(Principal office address MUST B	E A STREET ADDRESS)	·		MC - Catal
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*				42 2.5. 2.4.
Enter new mailing address, if ap	<i>;</i>	. At many vis		*********************************
(Mailing address MAY BE A POS	T OFFICE BOX)			-
	•	y Manday		and a frequency of the first and an experience of the first field of the first field.
15 16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
B. If amending the registered registered agent and/or the new i			ir records, <u>enter</u>	the name of the new
Legalogica agent and ve months	· ·	<u>3:1                                    </u>		
Nine of Nine Design	·			
Name of New Registered	Agent:		<u> </u>	t till den syrmans. H. i till syrmandri Standarin tilber her som et av a desemberat
New Registered Office A	ddress:			TOTAL SALAMANANA SELECT A SALAMANA A MARK SELECT AND A
	<u>;</u>	Ente	er Florida street aa	ldress
	•		, Florida	
		Cite		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 - Ma MGRM = N	mager Managing Member		
<u>Title</u>	Name	Address	Type of Action
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			Add Remove
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			Remove
D. If amen	ding any other inform	tion, enter change(s) here: (Attach additional sheets, if necessar)	.)
with day you			AMARITY AND U.S.
			Supplemental States
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	1 4 0	1 000	
Dated	July 2	1 2009  Chaig A. Welles  Enature of a member of authorized refresentative of a member	
	Si	nature of a member or authorized revesentative of a member	and decision in a deliberation
		Craig A. Werley	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00