## L13000000925

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J. BRYAN

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**EXAMINER** 

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT

In Focus Apparel 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:

Sara M. Smith

Name of Person

In Focus Apparel LLC

Firm/Company

3783 Hartsfield Road

Address

Tallahassee, FL 32303

City/State and Zip Code

infocusapparel@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sara M. Smith

\_850 **508-4958** 

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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 ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AND THE PROPERTY OF THE PARTY O

In Focus Apparel LLC

(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 Lia	ability Company we	re filed on January 2, 201	13 and assigned
Florida document number L1300000925	<del></del> .		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability	company here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited	Liability Company," the designation	on "LLC" or the abbreviation
Enter new principal offices address, if applica	ıble:		
(Principal office address MUST BE A STREET	( ADDRESS)		
	_		
Enter new mailing address, if applicable:	_	<del></del>	
(Mailing address MAY BE A POST OFFICE E	<u>BOX)</u> _		
B. If amending the registered agent and/o registered agent and/or the new registered off		address on our records, en	ter the name of the new
Name of New Registered Agent:	Sara M. Smi	th	
New Registered Office Address:	3783 Hartsfi	eld Road	
	Enter Florida street address		
	Tallahassee	, Florid	a 32303
	C	lity	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, Lhereby confirm that the limited liability company has been notified in writing of this change.

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
MGRM	Sara M. Smith	1228 Halifax Street	Add
		Tallahassee, FL 32308	Remove
MGRM	Andrew C. Smith	3783 Hartsfield Road	Add
		Tallahassee, FL 32303	Remove
MGM	Sara M. Smith	3783 Hartsfield Road	Add
		Tallahassee, FL 32303	Remove
			Add
		AC	Remove
			Remove
			Add
			Remove

<ol><li>If amending any other informatio</li></ol>	on, enter change(s) here: (Attach additional sheets, if necessary.)
Removal of initial Mo	GRM before commencing business
I	0040
ated January 4	, 2013_
	1
X m X	- p
Signat	ture of a member or authorized representative of a member
Sara M. Smith	
· · · · · · · · · · · · · · · · · · ·	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

SECKETARY OF STATE