

12/22/2014 07:32

TO:18506176383 FROM:5619650938

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Division of Corporations

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L14000119858

Florida Department of State
Division of Corporations
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(((H14000294422 3)))



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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : LEGACY TAX, INC.
Account Number : I20120000069
Phone : (561) 683-3000
Fax Number : (561) 965-0938

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: legacy-tax-corps@gmail.com

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MARCOL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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DEC 23 2014
J. HARRIS

12/22/2014 07:33
H140002944223

TO: 18506176383 FROM: 5619650938

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MARCOL, 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 Liability Company were filed on 07/30/2014 and assigned
Florida document number L14000119858.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Focus Family Care LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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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:

N/A

New Registered Office Address:

N/A

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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
AMBR	MARSHALL, STEPHANIE	480 HIBISCUS ST, APT 725	<input type="checkbox"/> Add
		WEST PALM BEACH, FL 33407	<input checked="" type="checkbox"/> Remove
MGR	MARSHALL, NICOLE	480 HIBISCUS ST, APT 725	<input type="checkbox"/> Add
		WEST PALM BEACH, FL 33407	<input checked="" type="checkbox"/> Remove
AMBR	MARSHALL, NICOLE	480 HIBISCUS ST, APT 725	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH, FL 33407	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated December 10, 2014.

Signature of a member or authorized representative of a member

NICOLE MARSHALL

Typed or printed name of signer

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Filing Fee: \$25.00

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