114000 186840

(Requestor's Name)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100331654981

TILED TO THE STREET



COVER LETTER

Div	ision of Cor	porations		
CHDIE/T.				
SOBJECT		Name of Limi	ited Liability Company	
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: Rober Jackson Name of Person				
		Rober Jackson		_
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: Rober Jackson Name of Person				
		11161 E State Rd 70 #110-		
		Lakewood Ranch, FL 3420	Name of Limited Liability Company ent and fee(s) are submitted for filing. oncerning this matter to the following: r Jackson Name of Person Firm/Company I E State Rd 70 #110-830 Address wood Ranch, FL 34202 City/State and Zip Code smart@gmail.com E-mail address: (to be used for future annual report notification) g this matter, please call: at (1/2) 877-2227 Area Code Daytime Telephone Number ing amount: 0.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy Certified Copy Certified Copy Certified Copy Certified Copy Certificate of Status & Certified Copy	
		beecosmart@gmail.com		
		E-mail address: ()	to be used for future annual report notified	ation)
For further i	nformation c	oncerning this matter, please ca	all:	
Robert Jack				
	Name o	f Person	Area Code Daytime T	'elephone Number
Enclosed is	a check for ti	ne following amount:		
\$25.00 1	Filing Fee		Certified Copy	Certificate of Status & Certified Copy

Registration Section

TO:

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 ARTICLES OF ORGANIZATION **OF**

Focus Group Enterprises LLC			<u>[</u> i	
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited I	ny as it now appears on o Jability Company)	our records.)	have been bed
		12/09/20	2019 JUA	10 🔁 2: 58 .
The Articles of Organization for this Limited Liab	oility Company	were filed on 12/08/20	114 45.5 005	and assigned
Florida document number L14000186840	·		TALLAHAS	PY GF STATE SEELFECKIDA
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the	he limited liah	ility company here:		
Ecosmart Enterprises LLC				
The new name must be distinguishable and contain the wor	ds "Limited Liabil	ity Company," the designa	ntion "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	11161 E State Rd 70 #110-830		
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>	Lakewood Ranch, FL	. 34202	
Enter new mailing address, if applicable:		11161 E State Rd 70	#110-830	
r.nter new maning address, it applicable: (Mailing address MAY BE A POST OFFICE BOX)		Lakewood Ranch, FL	. 34202	
				
B. If amending the registered agent and/or registered agent and/or the new registered office			records, <u>ent</u>	er the name of the n
Name of New Registered Agent:			-	
New Registered Office Address:	11161 E State I	Rd 70 #110-830		
		Enter Florida st		
	Lakewood Ran	ch	, Florida	34202
		City		Zip Code

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 ac or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Change
			☐ Remove
			□ Change
			Remove
			Change
			D Add
			□ Remove
			Change
			Remove
			Change
			☐ Remove
			□ Change

		<u> </u>	
			
			
_			
			
			
			
			-
Effective date, if other than	n the date of filing:	(optional)	
Note: If the date inserted in the	te must be specific and cannot be prior to do his block does not meet the applicable the Department of State's records.	(optional) are of filing or more than 90 days after filing.) Pursuar statutory filing requirements, this date will not	nt to 605.0201 be listed as
ne record specifies a del The 90th day after the	ayed effective date, but not are record is filed.	n effective time, at 12:01 a.m. on the	earlier o
Dated	2019		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00