## L160000 90389

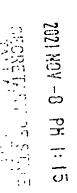
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(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	ilina Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Cor			
	tments, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subi	mitted for filing.	
	ndence concerning this matter		
	Daniel Marzano		
		Name of Person	<del></del>
	CM Law Group LLC		
		Firm/Company	
	14261Commerceway, Suite	e 205	
		Address	
	Miami Lakes,FL 33016		
		City/State and Zip Code	
	gacosta@cubamax.com	to be used for future annual report no	Titanylin V
For further information of	e-man address: (		uncation)
Frances Ortiz		305 817-2172	
Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	<ul> <li>S60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>
Mailing Addre		Street Address: Registration S	ection
Registration Division of 0		Division of Co	
P.O. Box 633	27	The Centre of	
Tallahassee,	FL 32314	2415 N. Monr	roe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2021 NOV -8 PK 1:15

SECRETARY OF STATE

FOCSA INVESTMENTS, I	LLC	
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(Name of the Limited Liability Company 2s it now appears on our records.)
(A Florida Limited Lubility Company)

The Articles of Organization for this Limited Liability Company	were filed on 5/9/2016	and assigned .
Florida document number L16000090389		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
		LC" as the abbreviation "LLC"
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "L	LC of the apple viation E.E.C.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	. <u></u>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ac	irinace
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agen	1t:	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officompany has been notified in writing of this change.	gree to act in this capacity. He performance of my dutie	505. F.S. Or, if this document is
Tr C	hanging Registered Agent, Signa	ture of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>l'itle</u>	Name	Address	Type of Action
MGR	Juan G. Acosta	735 W 60 Street	□Add
		Hialeah, FL 33012	<b>⊠</b> Remove
MGR Giraldo Acosta	Giraldo Acosta	735 W. 60 Street	¥ Add
		Hialeah, FL 33012	
			Change
			□Add
		· .	@Change
			□Add
			□Remove
			_ □Change
			OAdd
			□Remove
			□ Change
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			□ Change

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an eff ote:	ve date, if other than the date of filing:  November 3, 2021  (optional)  ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.01  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.
record l is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ated	November 3
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00