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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corpora		
SUBJECT:	EATH FOCUS 1/C Name of Limited Liability Company	
The enclosed Articles of Ame	endment and fee(s) are submitted for filing.	
Please return all corresponder	nce concerning this matter to the following:	
-	Brandon Booher Name of Person	
	2534 HAVASU DY	
-	Firm/Company	
-	Address	
	01/Ando FC 32829	
	Orlando FC 32829 City/State and Zip Code Brandon Buoher @ Me - Com E-mail address: (to be used for future annual report notification)	
For further information conce		
Brandon Name of Per	Son Area Code Daytime Telephone Number	
Enclosed is a check for the fo	Howing amount:	
Ø \$25.00 Filing Fee □	1 \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

earth Persons	Focus	LL	6
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now ap. Limited Liability Compar	pears on our reco	rds.)
The Articles of Organization for this Limited Liability Co	mpany were filed on	FRh Z	8 2017 and assigned
A. If amending name, enter the new name of the limit	ed liability company	y here:	
The new name must be distinguishable and contain the words "Limite Enter new principal offices address, if applicable:	ed Liability Company," t	he designation *LI	LC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRE	<u> </u>		33 10
Enter new mailing address, if applicable:			F. (2)
(Mailing address MAY BE A POST OFFICE BOX)	 		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office addre		on our recor	ds, enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter	Florida street addi	ress
		, l	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

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>Title</u>	Name	Address	Type of Action
AMBR	Brandon Booher		Add
			Remove
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خیو ور سست	e	-4		,	(optional)
an effective date i	f other than the da s listed, the date must b	e specific and cannot be	e prior to date of filin	g or more than 90 days	s after filing.) Pursuant to 605.020
ote: If the date	inserted in this block	k does not meet the a	applicable statutory	filing requirement	s, this date will not be listed a
ocument's effec	tive date on the Dep	artment of State's re	coras.		
e record spec	cifies a delayed e	effective date, bu	ut not an effect	ive time, at 12:	01 a.m. on the earlier
The 90th da	y after the recor	d is filed.			
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64 (/// Si	ignature of a member of	or authorized represen	ntative of a member	
		•			

Page 3 of 3

Filing Fee: \$25.00