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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: • Registration Section Division of Corporation			
SUBJECT: FOC	Name of Lim	ited Liability Company	LL
The enclosed Articles of Ame	endment and fee(s) are sub-	mitted for filing.	
Please return all corresponder	ace concerning this matter	to the following:	
-	Jess	Se Latimone Name of Person	
-	Focus	S POINT Adjus	SMG
-	4845 NO	O 155+ Address	
-	Coconut	CYPEK FL City/State and Zip Code	330(03)
_	E-mail address: (lo be used for future annual report notifi	and agrail can
For further information conce	rning this matter, please ca	all:	
Name of Per	Lathor	2 at (954) 851 3 Area Code Daytime	Telephone Number
Enclosed is a check for the fo	llowing amount:		
\$25.00 Filing Fee	330.00 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

Focus Po	int Adjusting	
	ity Company as it now appears on our records) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 9 2017 and assi	igned
lorida document number <u>L17002(1)</u> 3		0
iorida document number	1 , (
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lim	ited liability company here:	
he new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the abbreviation "L.l	L.C."
Inter new principal offices address, if applicable:	18	SIA16 35
Principal office address MUST BE A STREET ADDI	PECCI TO	亞麗
The option of the datasess most be a street above	NZSS)	FET
	AM III	#6##."- ₩
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	<u></u>	≘
. If amending the registered agent and/or regis	stered office address on our records, enter the name	of the r
egistered agent and/or the new registered office add	<u>lress here</u> :	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	 .
	Elitor 1 for the out to Many Co.	
	, 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
<u>MS.</u>	Crystal Latimore	4842 NW 15St coconut crock PL SC	MAdd SOV-3
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Effective date, if other than	the date of fili	ng:			(a	ptional)		
If an effective date is listed, the date Note: If the date inserted in th								
document's effective date on the								
he record specifies a dela			not an e	ffective tir	ne, at 12:0)1 a.m. on	the ear	rlier d
The 90th day after the	record is filed	d.						
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Page 3 of 3

Filing Fee: \$25.00