117000253196

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: One Focu	s Construction LLC FLimited Liability Company
The enclosed Articles of Amendment and fee(s) are	e submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Timo	thy Brown Name of Person
	Firm/Company
777+	Betty Louise Dr.
Panama	City, FL 32404 City/State and Zip Code ONStruction@gmail.com ess: (to be used for future annual report notification)
<u>onefocus</u> C E-mail addr	onstruction@amail.com ess: (to be used for future annual report notification)
For further information concerning this matter, plea	
Timothy Brown Name of Person	at (850) 867 - 8962 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee & Certificate of Statu	S55.00 Filing Fee & S60.00 Filing Fee, 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

(Name of the Limited Liability Compar (A Florida Limited L	Struction LLC y as it now appears on our records.) iability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000253196</u> .	were filed on 12-11-17	and assig	zned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abb	reviation "L.L	.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)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		he name o	f the new
Name of New Registered Agent:		ಫ	<u> </u>
		18 JAN	SECRE
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	18 JAN 10	SECRETARY DIVISION OF C
	, Florida	18 JAN 10 PF	SECRE TARY OF
	, Florida	JAN I O PPE Zip Code II 3 9	SECRETARY OF STATE

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	Richard Lee Winters	919 Taylor Dr.	XAdd
		919 Taylor Dr. Panama City, FL 3240	14 Remove
			Change
			D Add
			Remove
			Change
			Add
			□ Remove
			□ Change
			□ Add
			□ Remove
			Change
			□ Add
			D Remove
			SECRETARY NVISION OF CO
			OF COM
			Remove S AA
			₩ . 5.00

D. If an	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
	I, Timothy Brown, grant Richard Lee		
•	Winters, 10% ownership of One Focu	S	
	I, Timothy Brown, grant Richard Lee Winters, 10% ownership of One Focu Construction LLC effective January	<u>8, 2</u>	.018.
		<u>.</u>	
		<u>.</u>	
(If an e Note	tive date, if other than the date of filing: 1-8-18 (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursu If the date inserted in this block does not meet the applicable statutory filing requirements, this date will nent's effective date on the Department of State's records.	ant to 605. ot be liste	0207 (3)(b d as the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	e earlie	r of:
Date	January 7 . 2018.	18	S. S.
	Signature of a member or authorized representative of a member	¥ .	ECRE (A SION OF
	Timothy Scott Charles Brown Typed or printed name of signee		RY OF S
		-: 39 9	RATION
	Page 3 of 3	_	: h

Filing Fee: \$25.00