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S. YOUNG

COVER LETTER

SUBJECT: Focus		ited Liability Company	
	vmendment and fee(s) are sub-	_	
Please return all correspon	dence concerning this matter	to the following:	
	Mary-SNN	Ziegler Name of Person	
	Focused C	On Act Firm/Company	
	12443-97	2 nd Way N.	_
	Largo,	FL. 33773 City/State and Zip Code	
	especies E-mail address: (i	to be used for future dinnual report notifica	ation)
For further information co	ncerning this matter, please ca	all:	
Many Ana Z Name of	Person	at (<u>727)</u> 804- Area Code Daytime T	-3015 elephone Number
Enclosed is a check for the	: following amount:		,
S25.00 Filing Fee	□ \$30.00 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:

TO:

Registration Section Division of Corporations

> Registration Section Division of Corporations P.O. Box 6327 Tallahussee, 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

Focused On Ar (Name of the Limited Liability Company (A Florida Limited Lia	t L.L.C.	
The Articles of Organization for this Limited Liability Company w		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability The new name must be distinguishable and contain the words "Limited Liability"	-	sha akhawini wa 1.7°°
Enter new principal offices address, if applicable:	y Company, the designation face of	the aporeviation 1L.C.
(Principal office address MUST BE A STREET ADDRESS)	Φ	
Enter new mailing address, if applicable:		2: B
(Mailing address MAY BE A POST OFFICE BOX)	ϕ	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, e	nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
 	, Florid	aZip 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
MGR	Many Ann Ziegler	12443-92nd Way N	Add
)	12443-92ndWayN Largo, FL 33773	Remove
			Change
4MBR	Many Ann Ziegler	12443-92nd Way N Largo, FL. 3373	Add
		Largo, FL. 3373	□ Remove
			Change
 			
			Remove
			□ Change
			D Add
			_□ Remove
			Change
			O Add
			Remove
			Change
			🗆 Add
			_□ Remove
			Channa

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing: (optional) (ctive 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 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
the rec o) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	1/28/19
	Signature of a member or authorized representative of a member
	21 / 13 / 1 mm

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Filing Fee: \$25.00