## L1900000 2627

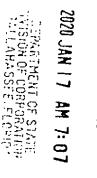
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## **COVER LETTER**

10:	Division of Corp		$\mathcal{J}$	r
	Focus Energ	y Services LLC	•	
SUBJE	ECT:	Name of Limi	ted Liability Company	
The en	closed Articles of z	Amendment and fee(s) are subt	mitted for filing.	
Please	return all correspoi	ndence concerning this matter	to the following:	
		Estephana Toubeaux		
		·	Name of Person	
			Firm/Company	
	111 NE 1st Street, 8th Floor Suite 1013 Address			
			Address	
		Miami, FL 33132		
			City/State and Zip Code	
		focusenergyservices@outlo E-mail address: (	to be used for future annual report notif	ication)
For fu	rther information co	oncerning this matter, please ca	ıll:	
Estepl	hana Toubeaux		970 815-8262 at ()	
	Name of	l'Person	Area Code Daytime	: Telephone Number
Enclos	sed is a check for th	ne following amount:		
□ \$2	25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres	s:	Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

20

Focus Energy Services LLC		ZO JAN
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	HASS
The Articles of Organization for this Limited Liab Florida document number <u>L19000002627</u>		Egged Asigned 1:00 1:00 1:00 1:00 1:00 1:00 1:00 1:0
This amendment is submitted to amend the follow	ing:	<del></del> –
A. If amending name, enter the new name of th	e limited liability company here:	
Focus Utility Services, LLC		
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicab (Principal office address MUST BE A STREET)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address l		e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

or removed	from our records:		
MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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l'an effective da <u>Note:</u> If the d	, if other than the is listed, the date made inserted in this lective date on the	nust be specific an block does not i	d cannot be prior meet the applic	able statutory fil	more than 90 days		
record specif d is filed.	es a delayed effect	live date, but no	t an effective t	ime, at 12:01 a.n	n, on the earlier o	f: (b) The 90th d	ay after the
January Dated	14	Est-	, 2020	h es			
	/				<del>,                                     </del>		
		Signature ora	member or auth	orized representati	ve of a member		

Filing Fee: \$25.00