

L 19 000 187803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

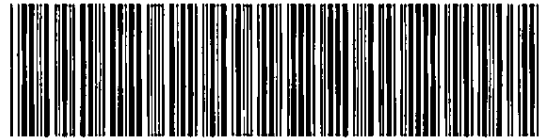
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
CLERK OF STATE  
OFFICE OF CORPORATIONS  
2003413 APR 13 25

*Amend*

MAR 30 2020

D CUSHING

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: FOCUS MEDIA & MARKETING LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TOMAS ACHA DE LA ROSA

Name of Person

FOCUS MEDIA & MARKETING LLC

Firm/Company

8850 NW 36TH ST APT 2214

Address

DORAL, FL 33178

City/State and Zip Code

tomy.acha@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARCELO FABIAN DE LA ROSA

Name of Person

786 at (      )

Area Code

486-0617

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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:**

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

**Street Address:**

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

20 MAR 13 PM 11:26

RECD  
DIVISION OF STATE  
CORPORATIONS

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FOCUS MEDIA \$ MARKETING LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/22/2019 and assigned  
Florida document number 1.19000187803.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

661 NE 195th STREET, SUITE # 112

**(Principal office address MUST BE A STREET ADDRESS)**

MIAMI, FL 33179

Enter new mailing address, if applicable:

SAME ABOVE

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

MARCELO FABIAN DE LA ROSA

New Registered Office Address:

661 NE 195th STREET, SUITE # 112

*Enter Florida street address*

MIAMI

*City*

Florida 33179

*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.*

Marcelo Fabian de la Rosa  
If Changing Registered Agent, Signature of New Registered Agent

20 MAR 3 11:29  
CLERK OF COURT  
STATE OF FLORIDA

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MARCELO FABIAN DE LA ROS	661 NE 195th ST SUITE 112, MIAMI FL 33179	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TOMAS ACHA DE LA ROSA	8850 NW 36th ST APT 2214, DORAL FL 33178	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[illegible]

(If an effective 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)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated MARCH 10, 2020

Manuelo Fabian de la Rosa  
Signature of a member or authorized representative of a member

MARCELO FABIAN DE LA ROSA  
Typed or printed name of signer