

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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From:  Account Name : LEGALZOOM.COM INC.  Account Number : I20010000062  Phone : (323)962-8600  Fax Number : (323)962-3889	of Corporations	ì
Account Name : LEGALZOOM.COM INC.  Account Number : I20010000062  Phone : (323)962-8600	: (850)617-6383	
Account Number : I20010000062 Phone : (323)962-8600		
Account Number : I20010000062 Phone : (323)962-8600	me : LEGALZOOM.COM INC.	
	ımber : 120010000062	
	: (323)962-8600	
*Enter the email address for this business entity to be used for f annual report mailings. Enter only one email address please.**	ddress for this business entity to be used for mailings. Enter only one email address please.	futur **

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FOCUS AIR CONDITIONING PROFESSIONAL LIMITED LIABILIT

Certificate of Status	U
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

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## COVER LETTER

KO: Registration Se Division of Cor					
	R CONDITIONING PROFESSI	ONAL LIMITED LIA	.BIL		
SURJECT:	Name of Limite	d Liability Company			
The enclosed Articles of	Amendment and fee(s) are subm	atted for filing.			
Please return all correspo	ndence concerning this matter to	the following:			
	Cheyenne Moseley				
		Name of Person			1 43
	Legalzoom com, Inc.				آ گناگال
		Firm/Company			; ¬
	101 N Brand Blvd 11th Fl				4.°
		Address			
	Glendale, CA 91203			•	· 5
		City/State and Zip Cod	c	<del></del>	
	kingofpeace09@gmail.com				
		be used for future annua	al report netities	ation)	
For further information of	concerning this matter, please cal	1:			
Chevenne Moseley		\$00 7	773-0888		
Name o	of Person	Area Code	Daytime T	Telephone Number	_
Enclosed is a check for t	he following antount:				
□ \$25 00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	SSS.90 Filing Fee Certified Copy (additional copy is c		□ \$60.90 Filing I Certificate of Certified Cop (*dditional copy	Status & y
	LING ADDRESS: tration Section		ET/COURIES	R ADDRESS:	

Registration Section Division of Corporations P.O. Bux 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FOCUS AIR CONDITIONING PROFESSION		
(Name of the Limited Liabili	ty Company as It now appears on our records (Limited Liability Company)	2)
The Articles of Organization for this Limited Liability C Florida document number 1.20000369988	ompany were filed on 11/23/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
Fecus air conditioning LLC		
The new name must be distinguishable and contain the words "Lim	nited Lubihty Company," the designation "ELC"	
Enter new principal offices address, if applicable:		453
(Principal office address MUST BE A STREET ADDI	PF (S)	
(17therput office address SIGST BE A STREET AGE)	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
B. If amending the registered agent and/or registered agent and/or the new registered office ado	stered office address on our records <u>lress here</u> :	s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	u.
		orida
	City	sup 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.

Il Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			∩ Add
			☐ Remove
			□ ,Add
			Di Remove
			Change
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			□ Charae
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consists data if other than the date of filing	(optional)
ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing  tote: If the date inserted in this block does not meet the applicable statutory	g or more than 90 days after filing ) Pursuant to 605,020 filing requirements, this date will not be listed a
kecument's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effect	ive time, at 12:01 a.m. on the earlier
The 90th day after the record is filed.	
. 12/11/2020	
Dated	

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Filing Fee: \$25.00

Typed or printed name of signee