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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone #)	
PICK-UP	☐ WAΠ	MAIL
- (Bu	siness Entity Name)	
100	siness chity Hame)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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T. MATTHEWS

DEC - 9 2021

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CUVER LETTER

TO: Registration Division of C	Section Corporations		
5NANC	IAĻ FOCUS LLC	,	
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	BRIAN DUQUE		
		Name of Person	_
	SNANCIAL FOCUS LLC		
		Firm/Company	_
	11545 SW 101 TERRACE	3	
		Address	
	MIAMI, FL 33176		
	ARTANAZA@GMAIL.CO	City/State and Zip Code	_
	ARTANAZA@GMAIL.CO E-mail address: ((to be used for future annual report notification)	
For further informatio	n concerning this matter, please c	all:	
BRIAN DUQUE		201 424-4546 at ()	
Name of Person		Area Code Daytime Telephone Number	er
Enclosed is a check for	or the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certifie	ate of Status &
P.O. Box 6	n Section f Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303	810

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 HSV 24 PH 1: 33

5NANCIAL FOCUS LLC

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

mpany were riled on _	ANUARY 12, 2021 and assigned		
ed liability company	<u>here</u> :		
ed Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."		
11545 SW 10	11545 SW 101 TERRACE		
ESS) MIAMI, FL 3	MIAMI, FL 33176		
	11545 SW 101 TERRACE MIAMI, FL 33176		
office address on our	records, enter the name of the new registere		
SW 101 TERRACE			
Enter Florida street address			
	, Florida 33176		
City:	Zip Code		
	ed liability company ed Liability Company." the 11545 SW 10 MIAMI, FL 3 11545 SW 10 MIAMI, FL 3 office address on our SW 101 TERRACE Enter F		

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.

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It amending Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being addior removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address 21 HOW 24 PM 1: 33	Type of Action
AMBR	JOSE A NAVARRO	413 CENTRE STREET	□Add
		SOUTH ORANGE, NJ 07079	≣Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
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			□Add
			□Remove
			□ Change

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	21 HCV 24 PH 1: 33
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot totale: If the date inserted in this block does not meet the ocument's effective date on the Department of State's in the date in the date of State's in the date of the d	(optional) t be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 e applicable statutory filing requirements, this date will not be listed as records.
record specifies a delayed effective date, but not an effe d is filed.	Tective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
NOVEMBER 18 202	1
OccuSigned by:	·
Brian Dugue	r or authorized representative of a member
- sense bre nece member	
	r of authorized representance of a memoer

Filing Fee: \$75.00