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COVER LETTER

O: Registration S Division of Co			
Principal I	Focus Investments, LLC		, -
UBJECT:			
-		nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Carlos Rodriguez		
	 	Name of Person	
	Principal Focus Investmen		
		Firm/Company	
	8221 SW 101 Ave		
		Address	
	Miami, FL. 33173		
	Carlos.rodriguez2300@gm	City/State and Zip Code	
	-	to be used for future annual report no	tification)
For further information o	concerning this matter, please c	all:	
Carlos Rodriguez		305 588-9485	
		at () _	
Name o	of Person		ne Telephone Number
Enclosed is a check for t	he 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 Addres		Street Address:	
Registration Section		Registration Se	
Division of C P.O. Box 632		Division of Co	-
1 .O. DOX 032	• 1	The Centre of	i alianassee

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Principal Focus Investments, LLC		
(Name of the Limited L (A F	iability Company as it now appears on our records. lorida Limited Liability Company)	20.
The Articles of Organization for this Limited Liabili Florida document number 1.21000040307	ity Company were filed on	and assigned
This amendment is submitted to amend the followin	g:	平 明
A. If amending name, enter the new name of the	limited liability company here:	5. 38 5. 38
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	:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	Q	
B. If amending the registered agent and/or regist agent and/or the new registered office address he	ered office address on our records, <u>enter th</u> re:	e name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
_	, Flor	
	City	7in 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.

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

MGR = Manager AMBR = Authorized Member

<u>Title</u> Owner	Name PROFESSIONAL AGENTS OF FLORIDA, INC.	Address	Type of Action
		8221 SW 101st Avenue Miami, FL 33173	□ Add
			□Remove
			= Change
Owner	RODRIGUEZ, CARLOS J	8221 SW 101st Avenue Miami, FL 33173	
			□Remove
			= Change
MGR	Cornell, Shannon	2225 E EDGEWOOD DRIVE STE 4 LAKELAND, FL 33803	= Add
			□Remove
			□Change
			□Add
			Remove
			□Change
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Mective date, if other than the am effective date is listed, the date must ote: If the date inscrted in this bloocument's effective date on the De	ock does not meet the applic	cable statutory filing n	(optional) than 90 days after filing.) Pur equirements, this date will	rsuant to 605.0207 not be listed as
record specifies a delayed effective	e date, but not an effective t	ime, at 12:01 a.m. on	the earlier of: (b) The 90	th day after the
is filed.				
is filed. February 8th	2021			
is filed. February 8th ated		<u></u> .		
is filed. February 8th ated		<u> </u>		
is filed. February 8th ated	2021 Signature of a member or auth	orized representative of	a member	