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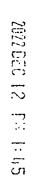
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone	#)
PICK-UP WAIT	MAIL
(Business Entity Nam	ne)
(Document Number)	
Certified Copies Certificates	of Status
Special Instructions to Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor		*	3.	
Focus USA			•	•
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	emitted for tiling.		
Please return all correspo	ondence concerning this matter	to the following:		
	Wagner Brocenschi			
		Name of Person		
	Focus USA LLC			
		Firm/Company		
	6024 Raleigh St Unit 2803	3		2007
		Address		
	Orlando, FL 32835			<u> </u>
		City/State and Zip Code		:
	focususa.llc@gmail.com			
		to be used for future annual report not	ification)	Ü
For further information of	oncerning this matter, please c	all:		
Wagner Brocenscchi		407 755-8200 at ()		
Name o	f Person	Area Code Daytin	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)	Certified C	of Status &
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ection	
Division of C		Division of Co		
P.O. Box 632		The Centre of		0
Tallahassee,	FL 32314	2415 N. Monro	be Street, Suite 819	J

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Focus USA LLC		
(<u>Name of the Limited Liah</u> (A Flor	offity Company as it now appears on our records. ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 09/27/2022	and assigned
Florida document number L22000419220	·	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited 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 ADI	DRESS)	
		021 BEC
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or register		** **
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter the</u> ::	name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u> </u>	, Floric	
	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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Wagner Brocenschi	6024 Raleigh St	≣Add
		Unit 2803	□Remove
		Orlando, FL 32835	□Change
			□Add
			□Remove
		:	CDC)@ge CDC CDC CDC CDC CDC CDC CDC CDC CDC CD
			□Add □Remove
		•••	
			□Add
			□Remove
		4	□Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove

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te: If the date inserted in this block does not meet the ument's effective date on the Department of State's re-	be prior to date of filing or more than 90 days after filing.) Pursuant to applicable statutory filing requirements, this date will not be l
s filed.	and the control of th
ed December 05 2022	
1/ 1.00	in the line
Signature of a method	or authorized representative of a member

Filing Fee: \$25.00