

# L23000175004

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

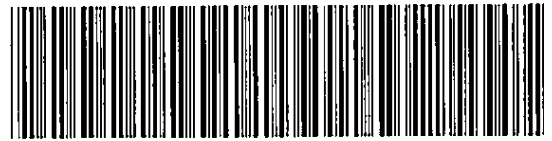
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer.

Office Use Only



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2023 APR 14 PM 12:28  
RECEIVED  
2023 APR 13 PM 3:55  
CLERK OF STATE  
ALLAHABAD  
C.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BUSINESS FINANCIAL FOCUS 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:

Michael Beckmann

\_\_\_\_\_  
Name of Person

BUSINESS FINANCIAL FOCUS LLC

\_\_\_\_\_  
Firm/Company

3475 NW 1st Ct. 103

\_\_\_\_\_  
Address

Pompano Beach Fl 33069

\_\_\_\_\_  
City/State and Zip Code

michael42beck@gmail.com

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

For further information concerning this matter, please call:

Michael Beckmann

954 779/4765  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 210

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

\_\_ Please use funds from this account: I20210000160 **\$ 25.00**

Authorization Signature: *Jan Sullivan*

Business Financial Focus LLC 0 L23000175004

Business Name

Document Number

\_\_ **Certified Copy**

\_\_ **Certificate of Status**

**NEW FILINGS**

\_\_ Profit Corp  
\_\_ Not for Profit  
\_\_ Officer/Director  
\_\_ Limited Liability  
\_\_ Domestication  
\_\_ Other  
\_\_ **CORP**  
\_\_ **LLLP**

**AMENDMENTS**

X Amendment  
\_\_ Resignation of R.A.  
  
\_\_ Change of Registered Agent  
\_\_ Revocation of Dissolution  
\_\_ Merger  
\_\_ **Conversion**  
\_\_ **Amended and restated Articles**  
\_\_ **Statement of Authority**

**OTHER FILINGS**

\_\_ Annual Report  
\_\_ Fictitious Name  
\_\_ APOSTILLE

**Country**

**REGISTRATION/QUALIFICATIONS**

\_\_ Foreign filing  
\_\_ Limited Partnership  
\_\_ Reinstatement  
  
\_\_ Other

**EXAMINER'S INITIALS:** \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 14, 2023

FLORIDA CAPITAL COURIER SERVICES

SUBJECT: BUSINESS FINANCIAL FOCUS LLC  
Ref. Number: L23000175004

We have received your document for BUSINESS FINANCIAL FOCUS LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

List the last name of the Manager Matthew.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 223A00008428

RECEIVED  
2023 APR 14 PM 3:31  
CLASSIC

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

BUSINESS FINANCIAL FOCUS LLC

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

FILED  
2023 JUN 14 PM 12:28

RECEIVED  
CLERK OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 04/10/2023 and assigned  
Florida document number L23000175004.

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: \_\_\_\_\_

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

Enter new mailing address, if applicable: \_\_\_\_\_

**(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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, **Florida**

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, 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>
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<u>MGR</u>	<u>Michael Beckmann</u>	<u>1451 W. Cypress Creek Rd.</u>	<input type="checkbox"/> Add
------------	-------------------------	----------------------------------	------------------------------

		<u>300</u>	<input type="checkbox"/> Remove
--	--	------------	---------------------------------

		<u>Fort Lauderdale Fl 33309</u>	<input checked="" type="checkbox"/> Change
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<u>MGR</u>	<u>Matthew</u>	<u>1451 W. Cypress Creek Rd.</u>	<input type="checkbox"/> Add
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Dent

		<u>300</u>	<input type="checkbox"/> Remove
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		<u>Fort Lauderdale Fl 33309</u>	<input checked="" type="checkbox"/> Change
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input type="checkbox"/> Change
--	--	--	---------------------------------

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

I need to update title for Michael Beckmann and Matthew Dent from P, and VP to Both MGR.

FILED  
2023 APR 14 PM 12:28  
CLERK OF STATE  
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 04/13/2023

*Michael Beckmann*

Signature of a member or authorized representative of a member

Michael Beckmann

Typed or printed name of signer

Filing Fee: \$25.00