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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	-
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CORPORATE ACCESS, _____

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236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

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XX	РНОТОСОРУ	
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XX	FILING	LLC AMEND
	FULL FOCUSED FIN	
	(CORPORATE NAME AND DOC	CUMENT #)
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TLED

FULL FOCUSED	
(Name of the Limited Liability Compa (A Florida Limited)	inv as it now appears on our records.) Clability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.23000247843}{1.0000247843}$.	Ciability Company) Were filed on 05/19/2023 Were filed on 05/19/2023
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Fully Focused Financial LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3275 Wren Ln.
(Principal office address MUST BE A STREET ADDRESS)	Mulberry, FL 33860
Enter new mailing address, if applicable:	3275 Wren Ln.
(Mailing address MAY BE A POST OFFICE BOX)	Mulberry, FL 33860
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of the new register
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 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>	<u>Name</u>	Address	Type of Action
AMBR	JOHN COTNER PLLC	3275 Wren Ln.	
		Mulberry, FL 33860	□ Remove
		- 	
AMBR	JANICE CRUZ LLC	3275 Wren Ln.	□Add
		Mulberry, FL 33860	□Remove
			= Change
			
			Remove
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