L2500024163

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





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COVER LETTER

TO: Registration So Division of Con				
SURJECT: FÉ	J Focus LLC Name of Lim			
30B/BCT	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Jessica	Name of Person		2025 SE
	Ee. J	Focus LLC Firm/Company		FAR 19 PH
		Orange Ave		2025 HAR 19 PH 1: 2
	Wint-	er Park, FL City/State and Zip Code	32.189	<i>)</i> -
	E-mail address: (ork 808 Damail. to be used for future angual report noti	fication)	
For further information c	oncerning this matter, please c	all:		
	Tiscareno FPerson	at (321) Area Code Daytim	- 9464 e Telephone Number	
Enclosed is a check for the	ne 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 &
Mailing Addres Registration 9 Division of C	Section Corporations	Street Address: Registration Sec Division of Cor	porations	
P.O. Box 6327		The Centre of T	allahassee	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E&J Focus L	LC		
(Name of the Limited Liability Compa (A Florida Limited)	<u>iny as it now appears :</u> Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L25000024143</u> .	were filed on Jar	1VALU 13, 2025 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the des	ignation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		. 72	
		ZOZS KA	
Enter new mailing address, if applicable:		10 4	
(Mailing address MAY BE A POST OFFICE BOX)	<u></u> _		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our rec	ords, enter the name of the new degistered	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete			

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Erik Weiner	1350 Orange AVE Winter Park, FL 32780	(I ZAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			DAdd
			Remove
		<u>.</u>	2025 Remove
			□Remove
			□Change
	 		
			□Remove
			Change
			□Add
			□Remove
			□ Change