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Special Instructions to I	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: FOCUS On	Success Inc.
DOCUMENT NUMBER: <u>N 23 0 0 0 14 946</u>	
The enclosed Articles of Amendment and fee are submitted fo	r filing.
Please return all correspondence concerning this matter to the	-
Fliner Austra	
(Name of	of Contact Person)
Focus On Sucception	cess
(Fir	n√ Company)
1299 Royal	Dornoch Dr.
1	(Address)
Jacksonville, F	Florida 32221 rate and Zip Code)
(City/ St	ate and Zip Code)
E-mail address: (to be used for futu	re annual report notification)
For further information concerning this matter, please call:	
Elmer Austin	at 904 502-7325
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to	the Florida Department of State:
	ied Copy Certificate of Status tional copy is Certified Copy
Mailing Address Amendment Section	Street Address Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

οf

(Name of Corporation as currently filed with the Flor	_ CC ·	
*		
M23600 (Document N	Jumber of Corporation (if know	vn)
Pursuant to the provisions of section 617.1006, Florida S amendment(s) to its Articles of Incorporation:	tatutes, this <i>Florida Not For F</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	ooration:	
		The new
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name.	poration" or "incorporated" o	or the abbreviation "Corp," or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR.)	ESS)	
		787
	 	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		 ω
(Mailing address MAT BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		ter the name of the
Name of New Registered Agent:		
	(Florie	la street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a		obligations of the position.
	Signature of New Registere	d Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X.Change X. Remove X. Add	<u>V</u> <u>Mik</u>	n Doe te Jones ty Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change Add	<u>P</u>	Elmer Austin	1299 ROYU Dornoch DR JACKSONVILLE, FL 32221
Remove 2) X Change Add	_\$_	Zetosha William	1299 Ackel dornoch Dr. JACKSONIIIL, FL 32221
Remove 3) Change Add Remove	.		
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or add (attach additional sh		Articles, enter change(s) here: y). (Be specific)	

		
		
		
		
		
		<u> </u>
The date of each amendment(s) adop date this document was signed.	tion: <u>05/24/0024</u>	if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will not be truent of State's records.	listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop was/were sufficient for approval.	sted by the members and the number of votes east for the amendment(s)	

.

idopted by the bo	pard of directors.
Dated	5/24/2024
Signatur	Elmer Austri
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Elmer Austin
	(Typed or printed name of person signing)
	President
	(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were