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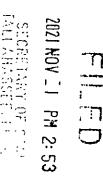
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: FOCUS MARKETI	NG OF FLORIDA, INC.	
DOCUMENT NUM	BER: P01000050890		
	of Amendment and fee are sub	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	KAREN ADAMS		
		Name of Contact Person	
	FOCUS MARKETING OF F	LORIDA, INC.	
		Firm/ Company	
	5 LAKEWOOD DR.		
		Address	
	THUNDERBOLT, GA 3141	0	
		City/ State and Zip Code	
	KHOPEWELL@AOL.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
STELLA PIERSALI	., CPA	at () 567-2020 de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check i	or the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ar Di P.	neiling Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Ameno Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

2021 NOV 11 PM 2:53

FOCUS MARKETING OF FLORIDA, IN	1C.	SECRETARY OF STATE	
(Name o	Corporation as currently	iled with the Florida Dept, of State	
P01000050890	_		
	(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	(006, Florida Statutes, this <i>Fl</i>	orida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new na	me of the corporation:		
		The new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association."	orp," "Inc," or "Co . A p	mpany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word	
		5 LAKEWOOD DR	
B. Enter new principal office address. (Principal office address MUST BE A S.)	TREET ADDRESS)	THUNDERBOLT, GA 31410	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)	<u>cable:</u> OFFICE B <u>ON</u>)	5 LAKEWOOD DR	
		THUNDERBOLT, GA 31410	
D. If amending the registered agent an	d/or registered office addre	ss in Florida, enter the name of the	
new registered agent and/or the new	<u>stella piersall, CPA</u>		
Name of New Registered Agent			
	37300 LAYTON RD.		
	(Florida stree	21 address) 22525	
New Registered Office Address:	DADE CITY	City)	
	(1	(Ling) (Ling)	
New Registered Agent's Signature, if c	hanging Registered Agent:	A second a blinging of the position	
I hereby accept the appointment as regist	iered agent. Tam Jamiliar w	ith and accept the obligations of the position.	
	llefinesell, cf	24.	
	Signature of New Re	gistered Agent, if changing	
Check if applicable			

☐ The amendment(s) is/are being filed pursuant to s, 607.0120 (11) (e), F.S.

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	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	DP	KAREN ADAMS	5 LAKEWOOD DR
Add			THUNDERBOLT, GA 31410
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change		<u> </u>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary)	icles, enter change(s) here: (Be specific)
 	
lf an amendment provides for an exch	iange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s	s) adoption:	, if other than the
date this document was signed.	0/16/2021	
Effective date if applicable:	0/15/2021	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amenda e sufficient for approval.	nem(s)
	approved by the shareholders through voting groups. The following sto- for each voting group entitled to vote separately on the amendment(s):	ntement
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	 .	
	(voting group)	
DatedSignature	Keren Adams	
sele	a directo), president of other officer – if directors or officers have not be cted, by an incorporator – if in the hands of a receiver, trustee, or other ointed fiduciary by that fiduciary)	
	KAREN ADAMS	
	(Typed or printed name of person signing)	··· <u> </u>
	PRESIDENT	
	(Title of person signing)	