

L19000 264 888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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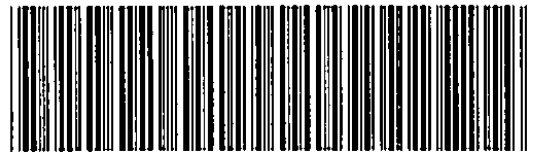
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

D. BRUCE
AUG 11 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FUSION CAPITAL.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:

IRVING M BURSTEIN

Name of Person

IRVING M BURSTEIN.ESQ.

Firm/Company

5256 GLENVILLE DR

Address

BOYNTON BEACH FL 33437

City/State and Zip Code

IMB12000@YAHOO.COM

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

For further information concerning this matter, please call:

IRVING M BURSTEIN

561

3581046

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
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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2007

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

FUSSION CAPITAL, LLC

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

The Articles of Organization for this Limited Liability Company were filed on OCTOBER 22, 2019 and as:
Florida document number L19000264888.

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."

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
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
or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type o</u>
MGR	KAREEM MAGHRABI	101 S FEDERAL HWY #313	<input type="checkbox"/> Ad
		BOYNTON BACH FL 33435	<input checked="" type="checkbox"/> Re
			<input type="checkbox"/> Ch
MGR	OMAR MAGHRABI	4840 ROYAL PALM BEACH BLVD	<input type="checkbox"/> Ad
		PALM BEACHB FL 33411	<input checked="" type="checkbox"/> Re
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DATE 11/14/04 BY 1045
OFFICE OF THE
SECURITY
COMMITTEE

SECRETARY OF STATE
TALLAHASSEE, FL

SECRET//NOFORN
TALH/SSE/PL

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

Dated JUNE 22 2020

has a bucket

Signature of a member or authorized representative of a member

IRVING M BURSTEIN

Typed or printed name of signee

Filing Fee: \$25.00