119000266051

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DEC 0 4 2020

D CONMELL

Registration Section
Division of Corporations
RE: Intuitive Fusion, LLC

Florida document number: L19000266051

AFFIDAVIT

- I, Alessandra Pluchino, of Miami, in Miami-Dade, Florida, MAKE OATH AND SAY THAT:
- 1. I am an authorized member of Intuitive Fusion, LLC.
- 2. Our organization, Intuitive Fusion, LLC registered Focalyx Technologies, LLC.
- 3. Our organization, Intuitive Fusion, LLC voluntarily dissolved Focalyx Technologies, LLC.
- 4. Our organization, Intuitive Fusion, LLC has no intentions of revoking the dissolution of Focalyx Technologies, LLC, therefore we are releasing the name.

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

SUBSCRIBED AND SWORN TO BEFORE ME, by means of _____ physical presence or _____ online notarization, on the 8th day of November 2020

Signature

(Seal)

NOTARY PUBLIC

My Commission expire

0/10/21

YOLANDA ALMEYDA MY COMMUSSION # GG 07428; EXPIRES: June 16, 2021 Alessandra Pluchino

(Signature)

COVER LETTER

	Registration Sec Division of Corp				
	Intuitive Fus	ion, LLC			
SUBJEC	l':	Name of Limi	ited Liability Company	 .	
		amendment and fee(s) are subsidence concerning this matter			
		Alessandra Pluchino			
			Name of Person	<u></u> .	
		Intuitive Fusion, LLC			
			Firm/Company		
		2140 W 68th St. Suite 204			
			Address		
		Hialeah, FL 33016			
			City/State and Zip Code	· -	
		apluchino@smartblate.com			
		E-mail address: (to be used for future annual:	report notification)	
For further	er information co	ncerning this matter, please ca	all:		
Alessand	ra Pluchino		786 239	9-2352	
	Name of	Person	Area Code	Daytime Telephon	e Number
Enclosed	is a check for the	e following amount:			
	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc	losed)	660.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	::	Street Ac	<u>ldress:</u>	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Intuitive Fus		
(<u>Name of the Limited l.</u> (λ f	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil		_ and assigned
Florida document number L19000266051	 ·	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
Focalyx Technologies, LLC		
he new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable	e:	
Principal office address MUST BE A STREET A	DDRESS)	
	202	
		777
Enter new mailing address, if applicable:		·
Mailing address MAY BE A POST OFFICE BO	<u>x)</u>	;
	<u> </u>	
	,	
If amending the registered agent and/or regis	stered office address on our records, enter the name	of the new registe
agent and/or the new registered office address h	ere:	
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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager	
MCM - Manager	
AMBR = Authorized Member	

<u>Title</u>	Name	Address	Type of Action
			\ \ \ _Add
			Remove
			□Change
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Note: If the	ite, if other than date is listed, the date date inserted in this effective date on the	s block does not	t meet the appli	cable statutory	filing requirement	optional) s after filing.) Pursuant s, this date will not	to 605.0207 be listed as
e record spec rd is filed.	ifies a delayed effe	ctive date, but n	ot an effective	time, at 12:01 :	a.m. on the earlier	of: (b) The 90th da	ay after the
Septe Dated	mber 29th		2020	·			
		<u></u>	1-7				
		7			~ A		

Filing Fee: \$25.00