

L20 000239748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

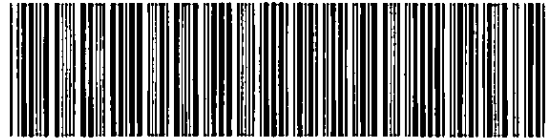
(Business Entity Name)

(Document Number)

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STATE OF MICHIGAN
TALLAHASSEE, FLORIDA

2020 SEP 28 PM 7:38

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NOV 03 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Family Fusion Investments 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:

Zonnya Richardson
Name of Person

Family Fusion Investments LLC
Firm/Company

1659 W 1st Jacksonville, FL, 32209
Address

Jacksonville, FL, 32209
City/State and Zip Code

ZonnyaRichardson1@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Zonnya Richardson at (561) 932-5688
Name of Person Area Code Daytime Telephone Number

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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

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

Family Fusion Investments 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 8/07/2020 and assigned Florida document number L20000239748.

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.L.C."

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 new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____ Florida

City

Florida

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

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TALLAHASSEE, FL
Zip Code

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

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------------------|-------------------------------------|--|
| <u>AP</u> | <u>Charlene T, Campbell</u> | <u>279 NW 106 Terrace</u> | <input type="checkbox"/> Add |
| | | <u>Pembroke Pines, FL 33026</u> | <input checked="" type="checkbox"/> Remove |
| | | _____ | <input type="checkbox"/> Change |
| <u>AMBR</u> | <u>Andre Grentles</u> | <u>9511 Minorca Way Apt. 104</u> | <input checked="" type="checkbox"/> Add |
| | | <u>Palm Beach Gardens, FL 33418</u> | <input type="checkbox"/> Remove |
| | | _____ | <input type="checkbox"/> Change |
| <u>AMBR</u> | <u>Michelle Cesar</u> | <u>9511 Minorca Way Apr. 104</u> | <input type="checkbox"/> Add |
| | | <u>Palm Beach Gardens, FL 33418</u> | <input type="checkbox"/> Remove |
| | | _____ | <input checked="" type="checkbox"/> Change |
| <u>AMBR</u> | <u>Sakena Cesar</u> | <u>2804 Smooth Stone Trail</u> | <input type="checkbox"/> Add |
| | | <u>Raleigh, NC, 27610</u> | <input type="checkbox"/> Remove |
| | | _____ | <input checked="" type="checkbox"/> Change |
| <u>AMBR</u> | <u>Shayna Cesar</u> | <u>2804 Smooth Stone Trail</u> | <input type="checkbox"/> Add |
| | | <u>Raleigh, NC, 27610</u> | <input type="checkbox"/> Remove |
| | | _____ | <input checked="" type="checkbox"/> Change |
| | | _____ | <input type="checkbox"/> Add |
| | | _____ | <input type="checkbox"/> Remove |
| | | _____ | <input type="checkbox"/> Change |

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Family Fusion Investments LLC would like to change from a "Limited Liability Company" to a "Limited Liability Partnership".

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TALLAHASSEE, FL
FRI: 10:11

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated September 22, 2020

Zonnaya Richardson
Signature of a member or authorized representative of a member

Zonnaya Richardson
Typed or printed name of signee