

10600000485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

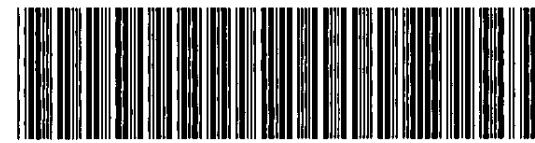
(Document Number)

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2017 MAY -4 AM 11:16  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
**FILED**

## COVER LETTER

**TO:** **Registration Section**  
**Division of Corporations**

Fusion 7 LLC

**SUBJECT:** \_\_\_\_\_  
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:

Aline Alcantara

\_\_\_\_\_  
Name of Person

Fusion

\_\_\_\_\_  
Firm/Company

13506 Summerport Village Pkwy Suite 127

\_\_\_\_\_  
Address

Windermere, FL 34786

\_\_\_\_\_  
City/State and Zip Code

alinealcantara@mac.com

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

For further information concerning this matter, please call:

Aline Alcantara	888	698-2220
_____ Name of Person	at (_____)	Area Code _____
		Daytime Telephone Number _____

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$25.00 Filing Fee	<input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Fusion 7 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 01-19-2006 and assigned  
Florida document number L06000006485.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Fusion Medical LLC

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) \_\_\_\_\_

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INDEXED  
MAILED  
FILED  
MAY 4 2017  
AM 11:16  
SACR  
FLORIDA  
ALLIANCE  
STATE  
FLORIDA

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_  
Enter Florida street address \_\_\_\_\_

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 \_\_\_\_\_

**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

Remove  
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Change  
Add  
Remove  
SECURE  
MAY 14  
STATE  
TALLAHASSEE  
FLORIDA

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

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 05/03/2017, \_\_\_\_\_

Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 3 of 3

**Filing Fee: \$25.00**

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TALLAHASSEE FLORIDA

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