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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates of	Status
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Special Instructions to Filir	ng Officer:	

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G. MCLEOD

FEB 1 7 2010

EXAMINER



400163759134

02/16/10--01044--019 **75.00

COVER LETTER

	istration Section ision of Corporations		•	;
SUBJECT:	Fusion	Inve	stments LLC	
20202011		Name of Lim	ited Liability Company	
The enclosed	Articles of Amendme	nt and fee(s) are su	bmitted for filing.	
Please return	all correspondence co	ncerning this matter	r to the following:	
	5	THARETT	Overton	···
			Name of Person	
		Fusion '	Firm/Company	<u> </u>
	2	7544 A	aliagton Rd.	
			Address	
	We	sley Chai	City/State and Zip Code	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notifica	tion)
For further in	formation concerning	this matter, please of	call:	
	Name of Person		at (§ 13) 3 4 3 - 1 Area Code & Daytime T	/8 6 elenhone Number
Enclosed is a	check for the followin	g amount:		
⊠\$ 25.00 Fil		O Filing Fee & rtificate 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)
	Malling	-		

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	I	- 1 v e 57	TMENT	3 6	20	-	
(Name of the Limite					rds.)		
The Articles of Organization for this Limited I	_iability Comp	any were fi	led on <i>8</i>	/13/20	70 B	and assig	ned
Florida document number L 09 6600				, ,			
This amendment is submitted to amend the fol	lowing:						
A. If amending name, enter the new name of	of the limited	liability cor	npany here	:			
The new name must be distinguishable and end w "L.L.C."	ith the words "I	imited Liab	ility Compan	y," the desig	nation "	'LLC" or the abl	oreviation
Enter new principal offices address, if appli	cable:				400 601 2		10
(Principal office address MUST BE A STREE	ET ADDRESS	2				0	VISE
						83.	CSE CSE
						- 16	위공.
Enter new mailing address, if applicable:							538
(Mailing address MAY BE A POST OFFICE	BOX)						10 m
						ပ္သာ	
		 -					917
B. If amending the registered agent and	or registered/	office add	dress on ou	ır records,	enter	the name of	the new
registered agent and/or the new registered o	ffice address	<u>here</u> :					
Name of New Registered Agent:	Tr	ish	Mill	er			
New Registered Office Address:	3814	Gunn	Mill. Hony	Suite	۵		
			Ente	r Florida st	reet ade	dress	
	TAN	1 PA		, Flo	rida	336/8	
		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 608, 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.

Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Mar MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>m Grm</u>	TARRETT OVERTOR	27544 Anlington Rd Wesley Chapel, FL 33544	Add Remove
Mbrm	Brenda Campbell	P.O. BOX //93 Dover, FL 33527	Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	_
			_ · _
Dated	Deurs Button	or authorized representative of a member	
7	Denise Overton	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00