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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers APR 08 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Fusion Bistro Investment 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:

Quang Giang
Name of Person

The Fusion Bistro Investment LLC
Firm/Company

9 Eglin Parkway NE
Address

Fort Walton Beach, FL 32548
City/State and Zip Code

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

For further information concerning this matter, please call:

Quang Giang at (850) 598-0027
Name of Person 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) |
|--|--|--|--|

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

The Fusion Bistro Investment LLC

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGRM	Lenke Kettle	352 Louise Circle	<input type="checkbox"/> Add
		Destin, FL 32550	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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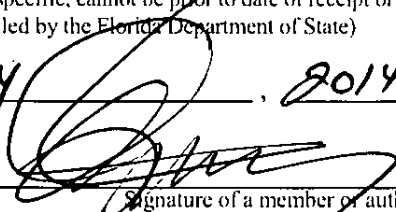
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

3/31/14, 2014



Signature of a member or authorized representative of a member

Quang Giang

Type or printed name of signee

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