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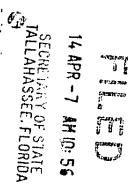
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J. Strivers APR 0 8 2014

COVER LETTER

SUBJECT: The	Fusion Bist	ro Investo ed Liability Company	nent	LLC
The enclosed Articles of An	nendment and fee(s) are subm	itted for filing.	•	
Please return all corresponde	ence concerning this matter to	the following:		
	Quang	Grang Name of Person		· · · · · · · · · · · · · · · · · · ·
	The Fusion	Bistro Ir	nuestm	ent LLC
	9 Eglin	Parkway	NE	
	Fort Walter	Beach F City/State and Zip Code	- - 3:	2548
-	Spill the bear E-mail address: (to	15 cafe a hot be used for future annual re	mail, c	em on)
For further information cone	erning this matter, please call	:		
Quana C Name of Pe	rson	at (\$50)at (\$60de	598 - Daytime Tel	0027 ephone Number
Enclosed is a check for the for	ollowing amount:			
S25.00 Filing Fec	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	sed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

The fusion Bistro	<u>Investmen</u>	it LLC	
(Name of the Limited Liability (A Florida I	Company as it now appears Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Co	mpany were filed on	5/12/2011	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company her	<u>·e</u> :	
The new name must be distinguishable and end with the words "Limi	ited Liability Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u> </u>	6	·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registeregistered agent and/or the new registered office addre	ered office address on	our records, enter	SECRETARY OF STATE the name of the new
registered agent and/or the new registered office addre	ess nere:		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	la street address	
	City	, Florida	Zip Code
	Cuy		my come

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 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

$AMBR = A$ \underline{Title}	<u>Name</u>	Address	Type of Action
MGRM	Lenke Kettle	352 Louise Circle	
		352 Louise Circle Destin, FL 32550	R Remove
			
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			Remove
		- G	Add
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		RIDA	□ Remove
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The effective	date, if other than the date of the date must be specific, cannot be is document is filed by the Florida.	prior to date of receipt or filed dat	(optional) e and cannot be more than 90 days after
Dated	3/31/14	9014	
		Ant)	
	Agn	ature of a member of authorized	representative of a member
	Quana	Giása	

Page 3 of 3

Filing Fee: \$25.00

14 APR -7 AH ID: 56
SECRETARY OF STATE
TALL'AHASSEE, FLORID,