

4/8/2014

Division of Corporations

LR00009097

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : BROWARD SOHO SERVICES INC.
Account Number : I20100000080
Phone : (954) 366-3850
Fax Number : (954) 960-5630

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2014 APR -8 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FUSION LATIN CUISINE LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

RECEIVED

14 APR -8 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 09 2014

D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FUSION LATIN CUISINE 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:

OTTO J NEUSTADTL

Name of Person

FUSION LATIN CUISINE LLC

Firm/Company

1436 NORTH STATE RD 7

Address

MARGATE, FL 33063

City/State and Zip Code

INFO@TAXRIGHTNOW.COM

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

For further information concerning this matter, please call:

OTTO J NEUSTADTL

Name of Person

at **954 366-3850**

Area Code

Daytime Telephone Number

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

CLERK OF STATE
TALLAHASSEE, FLORIDA

2014 APR - 8 AM 9:01

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

FUSION LATIN CUISINE 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 07/24/2012 and assigned
Florida document number L12000009097

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

SAMUEL INFANTAS

New Registered Office Address:

1436 NORTH STATE RD 7

Enter Florida street address

MARGATE

Florida 33063

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 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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	TRESIERRA, GUIDO J	21060 RAINDANCE LN	<input type="checkbox"/> Add
		BOCA RATON, FL 33063	<input type="checkbox"/> Remove
MBR	SAMUEL INFANTAS	2771 OCEAN CLUB BLVD	<input type="checkbox"/> Add
		#102	<input type="checkbox"/> Remove
		HOLLYWOOD FL 33063	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 BROWARD COUNTY, FLORIDA
☐ Add
☐ Remove

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

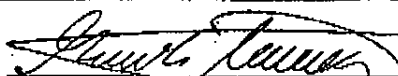
NEW PERCENTAGE OF OWNERSHIP:

Otto J Neustadt 90%

Samuel Infantas 10%

E. Effective date, if other than the date of filing: 04/07/2014 (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 APRIL 08, 2014



Signature of a member or authorized representative of a member

GUIDO J TRESIERRA

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE FLORIDA