

L12000009097

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6363

From:

Account Name : BROWARD SOHO SERVICES INC.
Account Number : I20100000080
Phone : (954) 366-3850
Fax Number : ~~954-366-3850~~ 954-633-7850

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

Address: TAXRIGHT7@YAHOO.COM

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14 DEC 30 AM 10:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

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

Certificate of Status	1
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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

14 DEC 30 PM 2:45

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Corporate Filing Menu

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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

TAXRIGHT7@YAHOO.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

954
at ()
Area Code

366-3850

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

From: Amelia Basso
Fax: (954) 633-7850

To: 12/30/2014 11:11:12 AM
Fax: +1 (850) 617-6383
Page 1 of 6 12/30/2014 2:31
PAGE 1/001 Fax Server



December 30, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FUSION LATIN CUISINE LLC
21060 RAINDANCE LN
BOCA RATON, FL 33428US

SUBJECT: FUSION LATIN CUISINE LLC
REF: L12000009097

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The effective date cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown
Regulatory Specialist II

FAX Aud. #: H14000297309
Letter Number: 814A00027383

RECEIVED

14 DEC 30 AM 10:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

P.O BOX 6327 - Tallahassee, Florida 32314

**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 01/19/2012 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 "LLC."

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:

N/A

New Registered Office Address:

Enter Florida street address

City

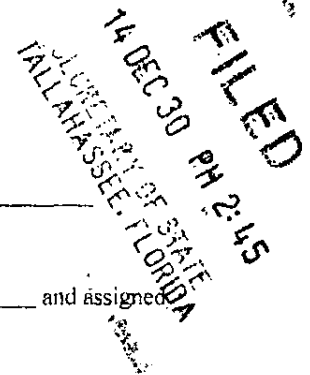
Florida

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 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>
MBR	SASHA L NEUSTADTL	1799 N STATE RD 7 STE #10	<input type="checkbox"/> Add
		MARGATE, FL 33063	<input checked="" type="checkbox"/> Remove
MGRM	OTTO J NEUSTADIL	1436 NORTH STATTE RD 7	<input type="checkbox"/> Add
		MARGATE, FL 33063	<input checked="" type="checkbox"/> Remove
MGRM	OTTO J NEUSTADTL	1436 NORTH STATE RD 7	<input checked="" type="checkbox"/> Add
		MARGATE, FL 33063	<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

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

NEW PERCENTAGE OF OWNERSHIP:

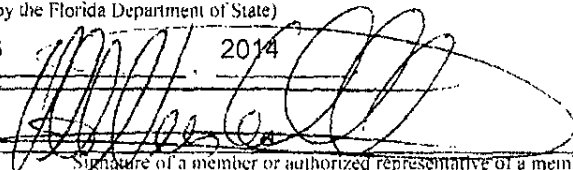
OTTO J NEUSTADTL 90%

SAMUEL INFANTAS 10%

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 DECEMBER 26 2014



Signature of a member or authorized representative of a member

OTTO J NEUSTADTL

Typed or printed name of signee