U2D000D9097

Florida Department of State
Division of Corporations
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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)633-7850

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

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OCT 09 2015
S. YOUNG

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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:

NEUSTADTL, OTTO J
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)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

NEUSTADTL, OTTO J at (954) 366-3850
Name of Person — 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

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 contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

N/A

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1414 NW 107 AVE SUITE #408
MIAMI, FL 33172

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OCT 8 PM 12:45
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TALLAHASSEE, FLORIDA

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

_____, **Florida** _____
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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MBR	LORMEUS, HARRY	7700 SW 7 TH ST	☐ Add
		N LAUDERDALE , FL 33068	■ Remove
			☐ Change
MBR	NEUSTADTL, OTTO J	1436 NORTH STATE RD 7	☐ Add
		MARGATE, FL 33063	☐ Remove
			■ Change
MGRM	CASTRO APARICIO, YOZUGLA	11619 NW 88 LANE	■ Add
		DORAL, FL 33178	☐ Remove
			☐ Change
MBR	LIENDO CEDENO, JUAN F	10850 NW 86 TER UNIT 5	■ Add
		DORAL, FL 33178	☐ Remove
			☐ Change
MBR	ROMERO ROMERO, NELSON J	11619 NW 88 LINE	■ Add
		DORAL,FL 33178	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

NEW PERCENTAJE OF OWNERSHIP:

YOZUGLA A CASTRO APARICIO 45%

JUAN F LIENDO CEDENO 45%

OTTO J NEUSTADTL 10%

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated SEPTEMBER 28, 2015

Signature of a member or authorized representative of a member

OTTO J NEUSTADLT

Typed or printed name of signer

Filing Fee: $25.00