

Division of Corporations Electronic Filing Cover Sheet

J3682

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000219795 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

Phone : (305)634-3694

Fax Number

; (305)633-9696

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

> LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **FUSION BAMA LLC**

Certificate of Status	0
Certified Copy	O O
Page Count	03
Estimated Charge	\$25.00

SEP - 6 2012

**EXAMINER** 

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

9/5/2012

EMPIRE CORP KIT

9696889908

00/00/5015 15:20

PAGE 01/03

H1200021979

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our res (A Florida Limited Liability Company)  the Articles of Organization for this Limited Liability Company were filed on	
lorida document number <u>L12000037066</u> .	2012 and assigned
lorida document number <u>L12000037066</u> .	∠∪ I∠ and assigned
htm dom in out watered to a second the dailouting	
his amendment is submitted to amend the following:	
. If smeading name, enter the new name of the limited liability company here:	
he new name must be distinguishable and end with the words "Limited Liability Company," the des	ignation "LLC" or the abbreviation
L.L.C."	
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	in 19
Inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	TO 3
	<b>S Q</b>
	gm <b>r</b> o
3. If amending the registered agent and/or registered office address on our record egistered agent and/or the new registered office address here:	is, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	street address
	Florida
City	Zip Code

New Registered Agent's Signature, If changing Registered Agents

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 608, 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

Page 1 of 2

HA000219795

M12000 2177W

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGRM = Managing Member Address Type of Action <u>Name</u> Title **AVI AVITAN** MGR 2136 NE 123RD ST ₹ Add NORTH MIAMI, FL 33181 Remove 🗖 Add Remove ∐ ∀q⊄ Remove ☐ Add Reinove Add ИĠ □ Remove 등 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 09/01 Dated ignature of a member or authorized representative of a member **AVI AVITAN** Typed or prioted name of signes

> Page 2 of 2 Filing Fee: \$25.00

> > 412000219795

MGR - Manager