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SECRETARY OF STATE
ALLAHASSEE, FIGSIA

B. BOSTICKOCT **2 2** 2012EXAMINER

COVER LETTER

TO;	Registration Sec Division of Corp				
SUBJI	ECT:	Cay	Fusion, LLC		
5020			ited Liability Company		
The en	closed Articles of A	Amendment and fee(s) are su	bmitted for filing.		
Please	return all correspoi	ndence concerning this matte	r to the following:		
			Manda Cay Henderson		_
			Name of Person		
Cay Harbour, LLC					
Firm/Company			-		
365 17th Ave NE					
			Address		-
		St	Petersburg, FL 33704		12 00T
	City/State and Zip Code				
		ma	anda@cayharbour.com		
			to be used for future annual report	notification)	
For fur	rther information co	oncerning this matter, please	call:		PM 4: 37
	Manda	Cay Henderson	at (727)	641-9293	in in
	Name of	Person		aytime Telephone Numbe	er
Enclos	ed is a check for th	e following amount:			
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	losed) Certifie	ate of Status &
	Registra Division P.O. Bo	NG ADDRESS: ation Section of Corporations ox 6327 ssee, FL 32314	Registration S Division of Co Clifton Buildi	orporations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cay Fus	ION LL	· 1			
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appeamited Liability Company)	ars on our records.)			
The Articles of Organization for this Limited Liability Co Florida document numberL12000130345	empany were filed on	October 12, 20	<u>12</u> a	nd assi	igned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ed liability company he	ere:			
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Comp	pany," the designation	ı "LLC" (or the a	bbreviation
Enter new principal offices address, if applicable:			-		
(Principal office address MUST BE A STREET ADDRI	ESS)		Pig.	12	
			22.75	8	- Santa
				9	3
Enter new mailing address, if applicable:			(T) (4)	- <u>-5</u>	774
(Mailing address MAY BE A POST OFFICE BOX)			<u>کی دی تر </u>		
				ယ်	
			25		
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		our records, ente	r the na	ame o	f the new
Name of New Registered Agent:					
New Registered Office Address:	E	nter Florida street	nddvoor		
	Enter Florida street address				
	City	y Zip Code			
	City		Zij	Coae	:

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 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

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:

MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> **Address** Type of Action MGRM Cay Enterprises, LLC ☐ Add ✓ Remove Cay Endeavors, LLC MGRM 365 17th Ave NE ✓ Add Remove St Petersburg FL 33704 ☐ Add ☐ Remove ∏ Add Remove \square Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) or Dated_ Signature of a member or authorized representative of a member Manda Cay Henderson

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00