

L12000130345

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J. LEGGETT
JAN 17 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAY Fusion, 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:

KELLY ANDERSON
Name of Person
CAY Fusion, LLC
Firm/Company
401 Citrus Wood Lane
Address
VALRICO, FL 33594
City/State and Zip Code
KELLY@CAYFUSION.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KELLY ANDERSON at (813) 317-8127
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**

CAY Fusion, 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 10/12/2012 and assigned
Florida document number L12000130345

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

401 CITRUS WOOD LANE
VALRICO, FL 33594

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

401 CITRUS WOOD LANE
VALRICO, FL 33594

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:

KELLY MARIE ANDERSON

New Registered Office Address:

401 CITRUS WOOD LANE

Enter Florida street address

VALRICO

City

Florida

33594

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.

Kelly Anderson
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MANDA CAY HENDERSON		<input type="checkbox"/> Add
		45 CAMELOT RIDGE DR	<input checked="" type="checkbox"/> Remove
		BRANDON FL 33511	<input type="checkbox"/> Change
MGRM	KELLY MARIE ANDERSON	401 CITRUS WOOD LANE	<input checked="" type="checkbox"/> Add
		VALERICO FL 33594	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SCOTT BRIAN ANDERSON	401 CITRUS WOOD LANE	<input checked="" type="checkbox"/> Add
		VALERICO, FL 33594	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(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)

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 10 January, 2018

W. G. Thompson

Signature of a member or authorized representative of a member

MANOA CAY HENNINGSEN
Typed or printed name of signer

Typed or printed name of signee

FILED
18 JAN 17 10 12 15
TALLAHASSEE, FLORIDA