#L 13000058078

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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13 SEP -9 PH 3: 53
SEUNLIANTOF STATE

K. SALY EXAMINER SEP 11 2013

COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT: FUSIO	Name of Limited	SITONING SERV d Liability Company	NCE UC
The enclosed Articles of A	mendment and fee(s) are subm	itted for filing.	
Please return all correspond	dence concerning this matter to	the following:	
	<u> </u>	M. CLATK Name of Person	<u>-</u>
		Firm/Company	
	200 NU	SOTH TECRACE Address	
	MARGATE	City/State and Zip Code	
	E-mail address: (to	DE used for future annual report notification	DNING. COM
For further information con	ncerning this matter, please cal		
VERNON Name of I	MARQUIS Person	at (<u>365)</u> 8412-477 Area Code & Daytime Tel	lephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$60.00 Filing Fee, Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

13 SEP -9 PM 3: 53

(Name of the Limited L (A F	iability Company as it now appears on our records.) Iorida Limited Liability Company)
	pility Company were filed on 4/20//3 and assigned
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of t	he limited liability company here:
FUSION AIT CONDITIONI. The new name must be distinguishable and end with "L.L.C."	MG & APPLIANCE'S SERVICE LLC the words "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicab	ole:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Be	<i>0X</i>)
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new ce address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin 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 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>	Name	Address	Type of Action		
MGRM	KAYA M. CLARK	200 NO 80TH TERRACE	Add		
		MARGATE FI 33063	Remove		
MGRM	JAMES M. FloRuil	3460 BANKS 100 APT 3	 OS ∏ Add		
		MARGATE FL 33063	Remove		
MGRM	ANDREW BULLOCK	4211 NW 43RD ST	X Add		
		LANDERDALE FL 33319	Remove		
MGRM	ABRAHAM FREWEL	7731 SW 10TH CT APT#3	_ 🔀 Add		
		MORTH LANDERDALE FE 330G	Remove		
<u>UGRU</u>	VERNON MARQUIS J	R. 6860 NW 69TH CT	🔀 Add		
		TAMARAC FL 33321			
			Add		
			Remove		

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
Dated _	SEPTEMBER 5TH, 2013.
	Minon Morano A
	Signature of a member or authorized representative of a member
	VERNON MARQUIS JR.
	Typed or printed name of signee

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Filing Fee: \$25.00