

L13000141807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

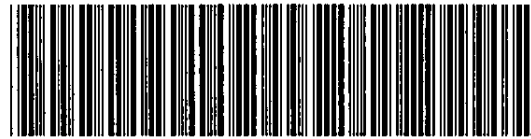
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400256238734

02/03/14--01009--013 **25.00

FILED
2014 FEB - 3 PM 12:37
CLERK - JERRY L. STALL
TALLAHASSEE, FL 32309

FEB 04 2014

CLERK

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 007 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:

Yolanda Lopez

Name of Person

007 Fusion, LLC

Firm/Company

2 Wavecrest Ave

Address

Indialantic, FL 32903

City/State and Zip Code

YolandaLopez@007Fusion.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yolanda Lopez

Name of Person

407 448-1510

at ()
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

FILED
2014 FEB - 3 PM 12:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

007 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 10/08/2013 and assigned
Florida document number L13000141807

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 end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Yolanda Lopez

New Registered Office Address:

2 Wavecrest Ave

Enter Florida street address

Indialantic

City

Florida 32903

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.

Yolanda Lopez
If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager.
AMBR = Authorized Member

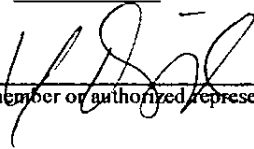
FILED
2014 FEB 3 PM 12:37
Add Remove
MAIL ROOM OF STATE
TALLAHASSEE FLORIDA
Add

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

E. Effective date, if other than the date of filing: 1/29/2014 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 29, 2014


Signature of a member or authorized representative of a member

Yolanda Lopez

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

FILED
2014 FEB -3 PM 12:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA