

U4000121096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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OCT 07 2014  
J. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 9, 2014

PHILIP HUTCHISON  
P & S FUSION CONCEPTS LLC  
8122 45TH COURT EAST APT 3  
SARASOTA, FL 34243

SUBJECT: P & S FUSION CONCEPTS LLC  
Ref. Number: L14000121096

We have received your document for P & S FUSION CONCEPTS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown  
Regulatory Specialist II

Letter Number: 114A00019261

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## COVER LETTER

TO: Registration Section  
Division of Corporations

P & S Fusion Concepts LLC

SUBJECT: \_\_\_\_\_  
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:

Philip Hutchison

\_\_\_\_\_  
Name of Person

P&S Fusion Concepts LLC

\_\_\_\_\_  
Firm/Company

8122 45th court East Apt.#3

\_\_\_\_\_  
Address

Sarasota, Florida 34243

\_\_\_\_\_  
City/State and Zip Code

psfusionconcepts@gmail.com

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

STATE OF FLORIDA  
TALLAHASSEE

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For further information concerning this matter, please call:

Philip Hutchison

786

315-1618

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

**TO  
ARTICLES OF ORGANIZATION  
OF**

**P & S fusion Concepts 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 August 1, 2014 and assigned  
Florida document number L14000121096

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 "L.L.C."

**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:

New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_, **Florida** \_\_\_\_\_  
City 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.*

If Changing Registered Agent, Signature of New Registered Agent

**Authorized Member 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>
AR	Hisashi Shimasaki	8122 45th court east apt#3	<input type="checkbox"/> Add
		Sarasota, Florida 34243	<input checked="" type="checkbox"/> Remove
MGR	Philip Hutchison	8122 45th court east apt#3	<input checked="" type="checkbox"/> Add
		Sarasota, Florida 34243	<input type="checkbox"/> Remove
MGR	Hisashi Shimsaki	8122 45th court east apt#3	<input checked="" type="checkbox"/> Add
		Sarasota, Florida 34243	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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SARASOTA, FLORIDA

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 August 26, 2014

\_\_\_\_\_  
Signature of a member or authorized representative of a member  
**Philip Hutchison**  
\_\_\_\_\_  
Typed or printed name of signee

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CLERK OF STATE  
TALLAHASSEE FLORIDA

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

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 \_\_\_\_\_, \_\_\_\_\_

Philip K. Hitchison  
Signature of a member or authorized representative of a member

Philip K. Hitchison  
Typed or printed name of signee

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CLERK OF STATE  
TALLAHASSEE, FLORIDA