L14000171380

(Re	equestor's Name)	
(Ád	idress)	
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TALLAHASSEF

COVER LETTER

Division of	on Section Corporations	·	
SUBJECT:	Fusion Medicine & Wellr	ness, LLC	
<u></u>		Limited Liability Company	
The enclosed Article	es of Amendment and fee(s) are	submitted for filing.	
Please return all corn	respondence concerning this made	tter to the following:	
	Charlotte_C		
		Name of Person	
	Fusion Med	dicine & Wellness, LLC	
		Firm/Company	~ 3
	P.O Box 81	1	SEC TA
	-	Address	AUG REI
	Kapaau, Hl	96755	2023 AUG 18 PM 3: 45 SECRETARY OF STATE TALLAHASSEE, FL
		City/State and Zip Code	7.5c
	charlotte@	charlottecharfen.com ss: (to be used for future annual report notit	Por in the second sec
For further informat	ion concerning this matter, pleas		ल ज
Charlotte Cha	rfen	at (808)726-2461	
N:	ame of Person		2 Telephone Number
Enclosed is a check	for the following amount:		
S25.00 Filing Fe	ce \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Ac	Idress: ion Section	Street Address: Registration Sec	ction
•	of Corporations	Division of Cor	
P.O. Box		The Centre of T	
T allahass	ee, FL 32314	2415 N. Monroe	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fusion Medicine & Wellness, LLC		
(<u>Name of the Limited Liability Company as it nov</u> (A Florida Limited Liability Con	v appears on our records.) mpany)	
The Articles of Organization for this Limited Liability Company were filed on Florida document number_ <u>L14000171380</u> .	November 4, 2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability comp	oany here:	
The new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "LLC" or the abbr	eviation "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 of agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	TALL MEANS OF STALL MEANS SEE STALL MEANS SEE STALL MEANS SEE STATE STATE OF STATE O	Of the new registered
	, Florida	
City	, 1 lorida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree to act provisions of all statutes relative to the proper and complete performaccept the obligations of my position as registered agent as provided being filed to merely reflect a change in the registered office address, company has been notified in writing of this change.	ance of my duties, and I am fa for in Chapter 605, F.S. Or, ij	miliar with and Tthis document is

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>	Address	Type of Action
AMBR	Mary Newman	1516 Stevens Creek Drive	□Add
		North Augusta, SC 29860	■Remove
			□Change
			
			□Remove
			□Change
		·	□Add
			□Remove
			SECRE AU
<u></u>			
			SSEE PROPERTY
		 .	TATE Sichange
			□Add
		🗀 Remove	
		□Change	
		□Add	
			□Remove
			□Change

f amending any other information, enter change(s) here	:: (Miden additional sneeds, if necessary.)
	
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	THE 5
Affective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior Note: If the date inserted in this block does not meet the applic locument's effective date on the Department of State's records.	to date of filing or more than 90 days after filing.) Pursuant to 605.020 able statutory filing requirements, this date will not be listed a
record specifies a delayed effective date, but not an effective tid is filed.	ime, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated August 14 2023	
Menta	<u> </u>
Signature of a member or auth-	orized representative of a member
Objective Object	
Charlotte Charfen	ted name of signee

Filing Fee: \$25.00