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COVER LETTER

	Registration Sec Division of Corp		• •	
eup me	FUSION LO	OUNGE LLC		
SUBJEC	1:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	_	
r touse ret	arr arr correspon	NICOLAS D. GARCIA	to the following.	
			Name of Person	
		FUSION LOUNGE LLC		70
			Firm/Company	16
		245 NE 14TH STREET U	NIT 910	JUL 1
			Address	2 SEE
		MIAMI, FLORIDA, 3313	2	2 PH 3: 03
		Nicoplated78@gmail.com	City/State and Zip Code	SELAHASSEE, FLOPIDA TALLAHASSEE, FLOPIDA 16 JUL 12 PH 3: 03
		E-mail address: (to be used for future annual report notif	ication)
For furthe	er information co	oncerning this matter, please ca	all:	
NICOLA	S D. GARCIA		914 552-9820 at ()	
	Name of	Person		Telephone Number
Enclosed	is a check for th	e following amount:		
□ \$25.0	0 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)
	MAILI	NG ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FUSION LOUNGE LLC			
(Name of the Lim	ited Liability Comr (A Florida Limited	oany as it now appears on our records.) Liability Company)	, , , , , , , , , , , , , , , , , , , ,
The Articles of Organization for this Limited Florida document number L15000132353	Liability Compan	y were filed on <u>08/05/2015</u>	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited lia	bility company here:	
NOT APPLICABLE			
The new name must be distinguishable and contain the	words "Limited Liab	oility Company." the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	N/A	- Vida Tarip
(Principal office address MUST BE A STRE	ET ADDRESS)		7.9
			16 F. C.
Enter new mailing address, if applicable:		N/A	HASSI HASSI
(Mailing address MAY BE A POST OFFICE	E BOX)		P
			့ တွဲ
			03
B. If amending the registered agent and registered agent and/or the new registered of			enter the name of the ne
		 -	
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		AAAAAAAA
		Enter Florida street address	
		, Flori	
		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

MGR = N AMBR = A	lanager Authorized Member		·
<u> </u>	<u>Name</u>	Address	Type of Action
MGR	NICOLAS D. GARCIA	245 NE 14TH STREET UNIT 910	
		MIAMI, FLORIDA 33132	■ Remove
			Change
			
			□ Remove
			Change
			Add JULION TALL AHAS
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etive date, if other than the date of filing:	(optional) han 90 days after filing) Pursuant to 605
If the date inserted in this block does not meet the applicable statutory filing red	quirements, this date will not be liste
ment's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time e 90th day after the record is filed.	e, at 12:01 a.m. on the earlie
d JULY 5TH 2016	

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Typed or printed name of signee

Filing Fee: \$25.00