L16000013386

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COVER LETTER

TO: Registration Section Division of Corporations

٠,

FOREIGN FUSION

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	к	AYVIN ALEXANDER	
		Name of Person	***
		FOREIGN FUSION LLC	
		Firm/Company	
	2630 W	V Broward BLVD Suite 203-191	1
		Address	
	ł	Fort Lauderdale FL, 33312	
	FOREI	City/State and Zip Code GNFUSION16@GMAIL.COM	
	E-mail address: (to be used for future annual report n	iotification)
For further information co	oncerning this matter, please ca	all:	
		at () Area Code Day	
Name of	Person	Агеа Соде — Дау	time Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

FOREIGN FUSION LLC

(Name of the Limited Liability Company as it now appears on wir heards)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Cor L16000013386	npany were filed on	01/05/2016 OF	STATE E grand assigned
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company h	<u>ere</u> :	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the	lesignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of	office address on our i	ecords, enter the nan	ne of the new registered
agent and/or the new registered office address here:			
Name of New Registered Agent:	ŀ	ERNADO JOSEPH	
New Registered Office Address:	9	781 W SAMPLE RD	
New Registered Office Address.	Enter Flo	rida street address	
	CORAL SPRINGS	. Florida	33065
	City		Zip Code
New Registered Agent's Signature, if changing Registered &	A gent:		

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

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

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AMBR =	Authorized .	Membei

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
		<u></u>	☐ Change
			□Add
			□Remove
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			□Change
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			□Remove
			□Change

E. Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the record is filed.
Dated 8/16/2022.
Dated 8/16/2022. Rayni Algrandet
Signature of a member or authorized representative of a member RAYVIN ALEXANDER

Typed or printed name of signee