L17000102530

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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D. SCOTT AUG 8 2017

COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

625 FUSIO	ON LLC			
3065201.	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.		
Please return all correspo	ondence concerning this matter t	to the following:		
	TONY ASTA			
		Name of Person		
	625 FUSION LLC			
		Firm/Company		
	2709 NE 33RD AVENUE			
		Address		
	FORT LAUDERDALE, F	1. 33308		
		City/State and Zip Code		
	TONYLIU8850@YAHOO. E-mail address: (1	COM to be used for future annual report t	notification)	
For further information of	concerning this matter, please ca			
TONY ASTA		305 792-0600 at ())	
Name o	of Person	Area Code Day	time Telephone Number	
Enclosed is a check for the	he following amount:			• :
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &
Q				: :
MAIL Regist	ING ADDRESS: ration Section on of Corporations	STREET/COU Registration Se Division of Cor		

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

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

625 FUSION LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited Liability Company lorida document number <u>L17000102530</u> .	were filed on MAY 09, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity 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)		
Tuning unaress MITT BETT TOST WITTED BOTT		
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		er the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	Zip Code
	City	Zip Code

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

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	TONY LIU	2709 NE 33RD AVENUE	
		FORT LAUDERDALE, FL 33308	■ Remove
			Change
MGRM	ZHI YU LIU	2709 NE 33RD AVENUE	
		FORT LAUDERDALE, FL 33308	Remove
			☐ Change
			
			Remove
			Change
			□ Add
			☐ Remove
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e record specifies a delayed of The 90th day after the recor		ate, but no	ot an effecti	ve time, at	12:01 a.m	ı. on the ear	lier c
ated MAY 16	·	2017	·· ·			ı	
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Page 3 of 3

Filing Fee: \$25.00