L20000239748

(Requestor's Name)	
(Address)	
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PICK-UP WAIT	MAIL
	·—
(Business Entity Name)	
(Document Number)	
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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

subject: FQ	mily Fusion In	Vestments LLC nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Zonn	ya hichardson Name of Person	
	Fam	ily Fusion Invest	ments LCC
	1659 W 1st	Jacksonville, FL, 32	2209
	Jav	XSONVILLE, FL, 322	09
	Zonnyg R E-mail abdress: (iChardson 1 @ yaht	oo Om B
For further information of	concerning this matter, please c		IT 28
Zonnya (Aichardson of Person	at (<u>561</u>) <u>932</u> - Area Code Daytin	ification) The Service of the Servi
Enclosed is a check for t	he 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 Addre Registration Division of C P.O. Box 632	Section Torporations	Street Address: Registration Se Division of Co The Centre of	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa-	Investments LLC ny as it now appears on our records.) Hability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L2000239748</u> .	were filed on 8/07/2020	' a	nd assig	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbrevia	tion "L.L.	<u>c."</u>
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 a agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	am <u>e of t</u>	<u>he</u> new 1	registered
		 ; ,.	2020 Si	
Name of New Registered Agent:	- -	<u> </u>	Sign	<u> </u>
New Registered Office Address:			28	مت
	Enter Florida street address		PH	. i d
	, Florida _		Codes	
New Registered Agent's Signature, if changing Registered Agent:	νiņ	: 24	ထ	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I ar provided for in Chapter 605, F.S. C	n famili)r. if thi.	ar with s docum	and ent is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AP	Charlene T, Campbell	279 NW 106 Terrace	□Add
		Pembroke Pines, FL 33026	Remove
			□Change
AMBA	Andre Gientles	9511 Minorca Way Apt.10	04 Mad
		Palm Beach Grardens, FL 334	HB □Remove
			□Change
AMBR	Michelle Cesar	9511 Minorca Way Apr. 104	□Add
		Palm Beach Goardens, FL 334	<i>l8</i> _⊟Remove
			🗹 Change
AMBR	Sakena Cesar	2804 Smooth Stone Trail	
		2804 Smooth Stone Trail Raleigh, NC, 27610	EP Gremove
			iZchange
AMBR	Shayna Cesar	2804 Smooth Stone Train	ين ا <u>ن</u> ⊐Xdd
		Raleign, NC, 27610	□Remove
			Change
			🗆 Add
			□Remove
			□Change

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					- 17.7°	
an effective date is ote: If the date is ocument's effecti	other than the date of listed, the date must be spenserted in this block do we date on the Departm delayed effective date,	ecitic and cannot be prices not meet the applicant of State's record	icable statutory ls.	or more than 90 days aft filing requirements, th	iis date will n	ot be listed a
				ntive of a member		

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