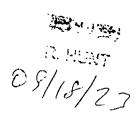
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Fusion Social C	lub LLC				
Please Debit FC.	A000000003 For: 25	5			
Thank you Seth	Neelev				
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Name	Date	Time	UCC 11 Rec	trieval	
Walk-In	Will Pick Up				

#### **COVER LETTER**

TO:		istration Sect ision of Corpo					
SUBJE	CT:	Fusion Social	l Club LLC				
50,131	<b></b>		Name of Lim	ited Liability Company			
			mendment and fee(s) are sub	_			
			David Svec				
				Name of Person			
			Main Street Holdings LLC				
				Firm/Company			
			3941 TAMIAMI TRL STI	E 3157 #76			
				Address		2023	911
			Punta Gorda, FL 33950			2023 SEP 18	OFFISION 6!
				City/State and Zip Code	<del></del>	8	0.00
			dave@mainstreetholdngs.ne	et to be used for future annual report notification)		<b>.</b> ₽	\$087 g
For furtl	her in	formation cor	neerning this matter, please c	·		PH 12: 40	08 a 1 - 4.
		- Authorized C		323 363-6455		Ö	<del></del>
		Name of I	Person	at ()Area Code Daytime Telepho	ne Number		
Enclose	d is a	check for the	following amount:				
<b>■</b> \$25	.00 F	iling 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)		
	Mai	ling Address:	ation	Street Address:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

	City	Zip Code	
	Jacksonville	, Florida 32257	
	Ente	er Florida street address	
New Registered Office Address:	3577 Cardinal Point Drive		
Name of New Registered Agent:	K.B. Mathis, P.A		
agent and/or the new registered office addre		,	
B. If amending the registered agent and/or	registered office address on o	our records, enter the name of the new register	réd
	<del></del>	7	
(Mailing address MAY BE A POST OFFICE	<u></u>		
Enter new mailing address, if applicable:		<del></del>	1000
Endonmon mailte a ddina 16 a . P. M.		SEP	DIVISION OF
	<del></del>	123 S	11811
(Principal office address MUST BE A STRE	ET ADDRESS)		Ξ
Enter new principal offices address, if appli	cable:		
The new name must be distinguishable and contain the	words "Limited Liability Company,"	"the designation "LLC" or the abbreviation "L.L.C."	
A. If amending name, enter the new name	of the limited liability compa	ny here:	
This amendment is submitted to amend the fo	llowing:		
Florida document number L20000326502	·		
The Articles of Organization for this Limited	Liability Company were filed of	on 10/15/2020 and assigned	
	(A Florida Dillilled Elability Colli	party)	
(Name of the Lin	ited Liability Company as it now (A Florida Limited Liability Com	appears on our records.)	
Fusion 300iai Citib CCC			

#### New Registered Agent's Signature, if changing Registered Agent:

Eurian Copiel Club 1 L C

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>	Address	Type of Action
MGR	WETHERHOLT, SHELDON K, II	1317 LAKESHORE DR	🗀 Add
		INVERNESS, FL 34450	Remove
			□ Change
MGR	Prosper Up LLC	1309 Coffeen Avenue STE 4469	<b>=</b> Add
		Sheridan, Wyoming 82801	□Remove
			Change
			□Add
			Remove
			□ Change
		<del></del>	2023 SEP
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(If an effe <u>Note:</u> I		specific and cannot be prior to date of filing or does not meet the applicable statutory fil	(optional) more than 90 days after filing.) Pursuant to 605,0207 (3 ing requirements, this date will not be listed as th
f the record record is file		ate, but not an effective time, at 12:01 a.m	i. on the earlier of: (b) The 90th day after the
Dated _	September 18th	2023	
	David A. S	nature of a member or authorized representation	
	Sig	nature of a member or authorized representati	ve of a member

Filing Fee: \$25.00

Typed or printed name of signee