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Special Instructions to I	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

Fusclart LL SUBJECT:	С		
SUBJECT:	Name of Lim	ited Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Noemi Fuchs		
		Name of Person	
	Fusciart LLC		
		Firm/Company	
	8253 NW 70th Street		
		Address	<u></u>
	Miami , Florida 33166		·
		City/State and Zip Code	
	noemimerino1@yahoo.com		
	E-mail address: (	to be used for future annual report no	tification)
For further information co	oncerning this matter, please co	all:	
Noemi Fuchs		786 488-9960 at ()	
Name of	f Person	Area Code Daytii	ne Telephone Number
Enclosed is a check for th	ne 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)
<u>Mailing Addres</u> Registration S		Street Address: Registration S	ection
Division of C	orporations	Division of Co	orporations
P.O. Box 632	7	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ited Liability Compa (A Florida Limited)	iny as it now appears on our re- Liability Company)	<u>cords.</u> )
	were filed on 1/19/2021	and assigned
·		
lowing:		
of the limited liab	ility company here:	
words "Limited Liabi	lity 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)		
	<u></u>	· · ·
registered office : ess here:	address on our records, <u>en</u>	iter the name of the new regis
	<del></del>	
8253 NW 70th		librare
) (' · ·		
Miami		, Florida 33166 Ziv Code
	lowing:  of the limited liab  words "Limited Liabi  cable:  ET ADDRESS)  registered office:	lowing:  of the limited liability company here:  words "Limited Liability Company," the designation "  cable:  8253 NW 70th Street  Miami . Florida 33166  8253 NW 70th Street  Miami . Florida 33166  registered office address on our records, eness here:  8253 NW 70th Street  Enter Florida street address on our records.

## 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 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
AMBR	Ursula Chavez	124 Bentley Drive, Miami Springs 33166	<b>≣</b> Add
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			□Change
			□Add
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