L21000 204767

(Requestor's Name)	
(Address)	000371282
(Address) (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	08/09/210101002
(Document Number)	
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COVER LETTER

Registration Section

TO:

Division of Cor	rporations			
Fuzion Ent	erprises LLC	•		
SUBJECT:	Name of Limi	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Sandra Obando			
		Name of Person		
	Fuzion Enterprises LLC			
		Firm/Company		
	10040 Davis Creek Circle	Apt 2406		
		Address		
	Orlando, FL 32832			
		City/State and Zip Code		
	sandraobando09@gmail.com			
		to be used for future annual report notif	(Cattori)	
For further information (concerning this matter, please co	all:		
Sandra Obando		321 2639057 at ()		\bigcirc
Name	of Person	Area Code Daytimo	e Telephone Number	
Enclosed is a check for t	the following amount:		•	
S25,00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & - Certified Copy (additional copy is enclosed)	;
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Callahassee e Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fuzion Enterprises LLC		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
e Articles of Organization for this Limited Liability (and assigned
orida document number L21000204767	·	
his amendment is submitted to amend the following:		
If amending name, enter the new name of the lin	nited liability company here:	
Α		
ne new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
nter new principal offices address, if applicable:	NA	
Principal office address MUST BE A STREET ADD	ORESS)	
nter new mailing address, if applicable:	Na	
•		
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or register		e name of the new regis
gent and/or the new registered office address here:	:	()
Name of New Registered Agent: NA		
Name of New Registered Agent.		-
New Registered Office Address:	Enter Florida street address	
	, Flori	>
	City	Zip Code
		.2

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 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	Jeffrey Randles	7750 Linkside Loop, Reunion, FL 34747	
			□ Remove
			Change
			□ Add
			□ Change
			□ Add
			Remove
			Change
			□Add
			□Remove
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Manatan data Mathamet	an tha data of filis	07/26/21			(option	al)	
Iffective date, if other the same offective date is listed, the	date must be specific ar	nd cannot be prior (to date of filing o	r more than 90 day	's after fil	ing.) Pursuant to	605.020
Note: If the date inserted in	this block does not	meet the applica	able statutory fi	ling requiremen	ts. this d	ate will not be	listed a
locument's effective date o						د .	
						=	•
record specifies a delayed d is filed.	effective date, but no	ot an effective tir	me, at 12:01 au	n. on the earlier	ot: (b)	The 90th day	after th
Pated Sary 27	_	-· 					
Pated July 27							
		N20					
	Signature of a	1 member or autho	orized representat	ive of a member			_