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## **COVER LETTER**

THE FUSI SUBJECT:	ELAGE, LLC			
50 <b>5</b> 01.01.				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	ERIC A GHELMAN DES	SSBERG		
		Name of Person		
	THE FUSELAGE, LLC			
		Firm/Company		
	848 GOLDEN CANE DR			
		Address		
	WESTON, FL 33327			
		City/State and Zip Code		
	GEDART@HOTMAIL.CO			
	E-mail address: (	to be used for future annual report not	ification)	
For further information of	oncerning this matter, please co	all:	≂:i`	202 S = 1
ERIC A GHELMAN DE	ESSBERG	786 674-5616		2021 050
Name o	f Person		ne Telephone Number	g)
Enclosed is a check for the	ne following amount:			P2 - 1
■ \$25.00 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 State Certified Copy (additional copy is encl	ıs &

Registration Section

TO:

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

Street Address: 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

THE FUSELAGE, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 11/09/2021 \_\_\_ and assigned Florida document number \_L21000363259 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 848 GOLDEN CANE DR Enter new principal offices address, if applicable: WESTON, FL 33327 (Principal office address MUST BE A STREET ADDRESS) 848 GOLDEN CANE DR Enter new mailing address, if applicable: WESTON, FL 33327 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

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	LEON CZAMANSKI	848 GOLDEN CANE DR	
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			□Add
			Remove
		<del></del>	□Change
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record sp d is filed.	pecifies a delayed effective date, but not	an effective tin	ne, at 12:01 a.m.	on the earlier of:	(b) The 90th day af	ter the
Dated	02/2021	. <u>11:11 AM</u>	- 1	- Junera		
	C C.	1		i di a mambal	<del></del>	
	Signature of a i	member o <del>r autho</del> r	ized (cplesemativ	or a member		

Filing Fee: \$25.00