LZ1000381272

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(Address)	
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COVER LETTER

TO:	Registration Se Division of Con			•
C11D 1E	FUSION F	LORIDA REALTY LLC		
SUBJE	CCT:	Name of Lin	nited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all соггезря	ondence concerning this matter	to the following:	
		MARTHA LOAIZA		
		-,, ,	Name of Person	
		FUSION FLORIDA REA	LTY LLC	
			Firm/Company	
		7217 WINDHAM HARBO	DUR AVE	
			Address	
		ORLANDO FL 32829		
			City/State and Zip Code	
		loarza003@hotmail.com	to be used for future annual report noti	ticatum
For furt	her information c	oncerning this matter, please ca	·	neatony
MART	HA LOAIZA		407 692-2590	
	Name o	l'Person	at () Area Code Daytim	e Telephone Number
Enclose	d is a check for th	ne following amount:		
■ \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	CI \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

ART	TCLES OF	TO ORGANIZATION OF	records.)
FUSION FLORIDA REALTY LL			2/2
(Name of the Limi	ted Liability Com (A Florida Limite	pany as it now appears on ou d Liability Company)	r records.)
The Articles of Organization for this Limited L Florida document number 1.21000381272	iability Compar	ny were filed on <u>09/01/202</u>	21 and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited lia	ability company here:	
N/A			
The new name must be distinguishable and contain the v	vords "Limited Lia	bility Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A	
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE	BOX)	-	
	<u> </u>		
B. If amending the registered agent and/or in agent and/or the new registered office addre		address on our records	, enter the name of the new registered
Name of New Registered Agent:	SAME		
New Registered Office Address:			
		Enter Florida stree	et address
			, Florida
		City	Zip Code

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, <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
MGR	ADAMS, ALEXANDER P	7217 WINDHAM HARBOUR AVE	
		ORLANDO FL 32829	■Remove
			Change
			□∧dd
			□Remove
			□Change
			ClAdd
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an effective ote: 11 the	late, if other than date is listed, the da e date inserted in t effective date on	te must be specifi his block does t	e and cannot be pri not meet the app	licable statutory f	or more than 90 da lling requiremen	(optional) es after filing.) Pursuan ts, this date will not	it to 605,0207 (be listed as t
	cifies a delayed ef	fective date, but	not an effective	time, at 12 01 a.	m. on the earlier	of: (b) The 90th d	ny after the
is filed							
l is filed	FEMBER 28TH	_	·	$\overline{\mathcal{I}}$			
Lis filed	TEMBER 28TH	Signature		horized represents	ilive of a member		