Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone : (855)330-1010 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email:	Address.			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **FUZE DESIGN LLC**

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00



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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FUZE DESIGN LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

racinty Company)			
were filed on 11/15/21 and assigned			
ding name, enter the new name of the limited liability company here:			
ity Company," the designation "L.L.C." or the abbreviation "L.L.C."			
111 N Orange Ave.			
STE 800			
Orlando, FL 32801			
ddress on our records, enter the name of the new registered			
2 N 7			
Enter Florida street address			
Florida Sup George			

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
			□Remove
			☐ Change
<u>.</u>			□Add
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