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(((H23000007571 3)))



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TQ:

Division of Corporations

Fax Number (850)617-6383

Account Name : LORETTA VALERO-SMITH

Account Number : 120210000138

: (561)674-5575 Phone

(561)282-6317 Fax Number

> **Enter the emaxi 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 **FUSION CUSTOM LLC**

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COVER LETTER #2300000757/3

TO:	Registration Sect Division of Corpo			
5418 VE	FUSION CU	STOM LLC		
SUBJE	CT:	Name of I	imited Liability Company	
		mendment and fee(s) are		
Picase r	eturn all correspon	dence concerning this mat	ter to the following:	
		LORETTA VALERO	SMITH	
			Name of Person	
		AWS BOOKKEEPING	& ACCOUNTING INC	
			Firm/Company	
		1300 N FEDERAL HW	Y SUITE 107	
			Address	
		BOCA RATON, FLOR	IDA 33432	
			City/State and Zip Code	
		LORETTA@AWSTAX	ES.COM is: (to be used for future annual report r	ottlication)
For furt	ther information co	ncerning this matter, pleas		
LORE	TTA VALERO-SM	ITH	561 674-5575 at () Area Code Day	
	Name of	Person	Area Code Day	nme Telephone Number
Enclose	ed is a check for the	following amount:		
■ \$2:	5.00 Filing Fee	S30.00 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 Address Registration Son Division of Corp.O. Box 6327 Tallahassee, F	ection reporations	• •	Section Corporations f Tallahassee proe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

H230000075713

FUSION CUSTOM LLC		
(Name of the Lim	ited Liability Company as It now appears on our records.) (A Florida Limited Liability Company)	
	(A Florida Limited Liability Company)	
The Articles of Organization for this Limited L	lability Company were filed on 05/18/2022	and assigned
Florida document number L22000145683		and assigned
This amendment is submitted to amend the following	lowing:	
A. If amending name, enter the new name of	fithe limited liability company here:	
The new name must be distinguishable and contain the	and of industrial Control	
The new name made be distinguishable and contain the v	words "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX)	
R. If amonding the registered agent and (on a		20
agent and/or the new registered office address	cgistered office address on our records, enter the na	
Name of New Deplet and Access	1	- 17 - 1 - 12 - 12 - 12 - 12 - 12 - 12 - 12
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	<u></u>
	, Florida	. 6
	City	Zip Code
	i e	

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 Type of Action Address Name Title 1751 W COPANS RD STE 3 CARCLA GROUP LLC AMBR. __ ≣Add POMPANO BEACH, FL 33064 _____ □Change ____ ∃Remove ___ □ Change \square Add _ □Remove ____ □Change ____ □Add ____ 🗆 Remove _____ Change _____ □Remove ____ Change ____ □Add □Remove _____ □ Change

AWS BOOKKEEPING ANDA H 230000075713

If amending any other i	information, enter	change(s) here: (Attach additional sheets, if necessary.)
		
Effective date, if other	than the date of fil	ling:(optional)
(If an effective date is listed, t <u>Note:</u> If the date inserted document's effective date	he date must be specific a d in this block does no	of meet the applicable statutory filing requirements, this date will not be listed as
he record specifies a delay ord is filed.	ed effective date, but i	not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
FRIDAY 6,		2023
Dated		
		The second consessment of a member
		of a member or authorized representative of a member
TANTED DES	YNALDO SOLIS	
IAVIER RE		Typed or printed name of signer

Filing Fee: \$25.00