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(Daniel La N
(Requestor's Name)
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(City/State/Zip/Phone #)
, ,,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	e - Fusion	, L <b>L</b> C-	
	e - Fusion Name of Lim	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:	
	Norbe	rto Guzman	
		Firm/Company	<del></del>
	3335 SIL	Address Way	
		FL 33029 City/State and Zip Code	· .· c
	NORRERTOGUZ	ZMAN.IV @ GMAIL.CO	m is
	E-mail address: (	to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please co	all:	cation)
Norberto Name o	Guzman f Person	at ( 954 ) 600 - Area Code Daytime	- 2944 Telephone Number
		7.1.0. Co.2.	
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	s:	Street Address:	
Registration S		Registration Sec	tion
Division of C	•	Division of Corp	
P.O. Box 632	7	The Centre of To	allahaccee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Company as it no (A Florida Limited Liability Company)	ow appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file	ed on February 7, 2023 and assigned
lorida document number <u>L230000 68165</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compa	my," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	E 1
	1. 6
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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>	Name	Address	Type of Action
MGIR	David Curiel	3325 SW 173rd Way	[JAdd
		Miramar, FL 33029	□Remove
			□Change
MGR	Christian Curiel	3120 SW 1927d Ave	🗹 Add
		Miramar, FL 33029	Remove c c c c c c
			□Add
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			□Remove

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