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## **COVER LETTER**

Division of Corp			
SUBJECT:	FUSION HZO Name of Limit	O PRESSURE LU ed Liability Company	Ashing LLC
	Amendment and fee(s) are submedence concerning this matter to		
Please return an correspon	idelice concerning and matter a	o the tonormy.	
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Enclosed is a check for the	ne following amount:		
① \$25.00 Filing Fee	© \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	rporations
P.O. Box 632	27	The Centre of	i ananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_\_ and assigned Florida document number LZ 3000171732 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FOSION HZO LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 8995 OLD Chemowie ROAD Enter new principal offices address, if applicable: TAMAHASSIC FL. (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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:

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, enter the title, name, and address of each person being added or removed from our records:

$ \underline{M}GR = Ma $ $ \underline{A}MBR = Au $ $ \underline{y}_{i}$	anager athorized Member		
<u>Title</u>	Name	Address	Type of Action
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			□Remove
			□Change
	Scott Poore	7892 PARLIAMONT CT TANAH155CC FL. 323	□Add
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Filing Fee: \$25.00