Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000166535 3)))



H230001665353ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

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

	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **FUZZ LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

UNY 0 4 2023 < Brumbi≠y

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fuzz LLC			
(<u>Name of the Limited</u>) (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)		
The Articles of Organization for this Limited Liab Florida document number L23000192879	ility Company were filed on 04/19/2023	and assig	med
This amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of th	e limited liability company here:		
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the abb	reviation "L.L.	.C."
Enter new principal offices address, if applicabl	e:		
(Principal office address MUST BE A STREET)	1DDRESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	(X)		
B. If amending the registered agent and/or regi agent and/or the new registered office address h	stered office address on our records, <u>enter the name</u> ere:	of the new	registered
Name of New Registered Agent:		20	
Name of New Negistered Agent.		·	
New Registered Office Address:	Enter Florida street address	<u> </u>	
		ယ်	四名
-	, Florida	Zip Codas	
New Registered Agent's Signature, if changing Reg	istered Agent:	-	Ţ
provisions of all statutes relative to the proper caccept the obligations of my position as register	gent and agree to act in this capacity. I further agree and complete performance of my duties, and I am fa red agent as provided for in Chapter 605, F.S. Or, i istered office address, I hereby confirm that the lim- inge.	miliar with f this docum	and ient is

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	FUZZ GROUP LLC	8469 Narcoossee Rd Apt 12206	DAdd
		Orlando FL 32827	Remove
			□Change
MGR	Carlos Fuenzalida	8469 Narcoossee Rd Apt 12206	 M∂Add
		Orlando FL 32827	□Remove
			[]Change
			□Add
			□Remove
			□Change
			DAdd
		VI. I	□Remove
			Change
			□Remove
			□Change
			□Add
			□Remove
			□Change

Effective date, if other than the date of filing:
he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ord is filed.
Dated 05/03 2023
Nat Smith
Signature of a member or authorized representative of a member
Nat Smith Typed or printed name of signer

Filing Fee: \$25.00