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From:

Account Name

: THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number : I20070000020 Phone

: (813)435-3176

Fax Number

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

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S. ROBERTS JAN 2 4 2024

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PERGOLAS UNLIMITED, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 01/05/2024 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FUSION GROWTH SOLUTIONS, LLC The new name must be distinguishable and commin the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 18801 N. DALE MABRY HWY Enter new principal offices address, if applicable: STE 119 (Principal office address MUST BE A STREET ADDRESS) LUTZ, FL 33548 18801 N. DALE MABRY HWY Enter new mailing address, if applicable: STE 119 (Mailing address MAY BE A POST OFFICE BOX) LUTZ, FL 33548 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:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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 = M $AMBR = A$	lanager Luthorized Member		
Title	Name	Address	Type of Action
			□Add
			□Remove
			□ Change
<u>.</u>			□ Add
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			∏Add

_____ Change

______ □Remove

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iffective date, if other than f an effective date is listed, the date Note: If the date inserted in th	the date of filing: must be specific and cannot be prior to date of filing is block does not meet the applicable statutor the Department of State's records.	(optional) ng or more than 90 days after filing.) Pursuant to 605.020 ry filing requirements, this date will not be listed a
ocument's effective date on the		
record specifies a delayed eff	scrive date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after the
record specifies a delayed eff	ective date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after the
socument's effective date on t	`	

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