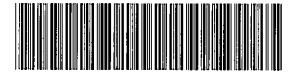
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COVER LETTER

TO: Registration Sec Division of Corp			•	
suвјест:(ре	5 FUSION 61 Name of Limi	EOUP LLC ted Liability Company		
The enclosed Articles of A	amendment and fee(s) are subt	mitted for filing.		
Please return all correspon	dence concerning this matter t	to the following:		
	10051 RC	Name of Person Firm/Company CKET CL OC Address LAUDO fL 3 City/State and Zip Code) woo fl 2824	
For further information co	ncerning this matter, please ca	dl:		
Jenny fer Name of	Crue u a r a Person	at (<u>467</u>) <u>C</u> Area Code	7365913 . Daytime Telepho	ne Number
Enclosed is a check for the	e 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 Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>685 fusion</u>	GROUP LLC
(<u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number 2 13 2024 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	SS)
	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code

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

<u>Title</u>	Name	Address	Type of Action
MGR.	YEIMY CASTELLANDS	10051 locket ct Orlass FL 32824	[X Add
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			□Remove
			∏Change

Note:	tive date, if other than the date of filing:
e reco rd is f	rd 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 iled.
Dated	02/21/2024
	- Structures
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00