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COVER LETTER

- TO: Registration Section

Tallahassee, FL 32314

Division of Corpo	orations		
elibiration (ROFUSION Name of Limi	LLC	
30bJEC1	Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subt	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	.,	
	Kelly Sand	Name of Person	
		name of retson	
	CROTUSIO	Firm/Company	
		Firm/Company	
	11 ac Read	h Dune Dr.	
		Address	
	Jacksonii	10 FL 32233	
		City/State and Zip Code	7.02! J.E
	Kelly-	Kovarszzogahou.c	<u>un</u> 鸦 含
	E-mail address: (to be used for future annual report noti	fication)
For further information co	ncerning this matter, please co	all:	16. Th
Vella sood	Ican - Kimac >		fication) 730 The Telephone Number
Name of	Person	Area Code Daytim	e Telephone 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)
<u>Mailing Address</u> Registration S		<u>Street Address:</u> Registration Sc	ection
Division of Co	orporations	Division of Co	•
P.O. Box 632 Tallahassee F		The Centre of 2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ChoFusion L	LC ·	
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on Alugy 27 , 200	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		20.3 O.C
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		179).
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>enter the</u>	e name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	C. Clair and Admin	
	Enter Florida street address	
	, Flori	da Zip Code
	3.i.,	•

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, <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>	Name	<u>Address</u>	Type of Action
MER	Stefan Cosa	1619 Seminole Rd, Jacksonvi	Ne DAdd
		Florida 32205	□Remove
			Change
			□Add
		<u> </u>	□Remove
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ffective date, if of	her than the date of filin	ng:		(optiona <u>l)</u>	\$
f an effective date is list Note: If the date inse	ed, the date must be specific an erted in this block does not date on the Department of	id cannot be prior to date meet the applicable st	of filing or more than 90	days after filing.) Put	suant to 605.0
e record specifie The 90th day a	es a delayed effective fter the record is filed	date, but not an e	effective time, at	12:01 a.m. on	the earlier
Dated <u>Seightern</u>	per 36th	. 2024.			
	K	member or authorized r			
	1				

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