

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : FILE RIGHT LLC  
Account Number : I20170000091  
Phone : (718)878-5811  
Fax Number : (718)732-4580

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

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
FUSION PMG LLC

|                       |         |
|-----------------------|---------|
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JUL 27 2023

Electronic Filing Menu

Corporate Filing Menu

Help

1123000260715 3

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FUSION PMG LLC



Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person  
FILE RIGHT LLC  
Firm/Company  
5314 16TH AVENUE, SUITE 139  
Address  
BROOKLYN, NY 11204  
City/State and Zip Code  
sales@filencorp.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sara 718 878-5811  
Name of Person at (Area Code) Daytime Telephone Number

Enclosed is a check for the 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  
Tallahassee, FL 32314

Street Address:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

1123000260715 3

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FUSION PMG 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 03/21/2023 and assigned  
Florida document number L23000144244.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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 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*

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

1123000260715.3

1123000260715 3

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> | <u>Name</u>     | <u>Address</u>    | <u>Type of Action</u>                   |
|--------------|-----------------|-------------------|-----------------------------------------|
| AMBR         | AVRAHAM SHARABY | 4 HOLY HILL CT    | <input checked="" type="checkbox"/> Add |
|              |                 | JACKSON, NJ 08527 | <input type="checkbox"/> Remove         |
|              |                 |                   | <input type="checkbox"/> Change         |
|              |                 |                   | <input type="checkbox"/> Add            |
|              |                 |                   | <input type="checkbox"/> Remove         |
|              |                 |                   | <input type="checkbox"/> Change         |
|              |                 |                   | <input type="checkbox"/> Add            |
|              |                 |                   | <input type="checkbox"/> Remove         |
|              |                 |                   | <input type="checkbox"/> Change         |
|              |                 |                   | <input type="checkbox"/> Add            |
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|              |                 |                   | <input type="checkbox"/> Remove         |
|              |                 |                   | <input type="checkbox"/> Change         |

1123000260715 3

