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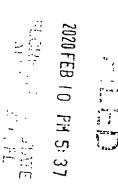
| (Requestor's Name)                      |  |  |  |  |  |
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| (City/State/Zip/Phone #)                |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
|   |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
| (Dusiness Entity Name)                  |  |  |  |  |  |
|   |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
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| Certified Copies Certificates of Status |  |  |  |  |  |
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| Special Instructions to Filing Officer. |  |  |  |  |  |
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Office Use Only



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## COVER LETTER

| TO:       | Registration Section Division of Corporations    |                                   |  |  |  |
|-----------|--|-----------------------------------|--|--|--|
| SUBJE     | FANLU LLC  |                                   |  |  |  |
| SOBOL     |  | Name of Limited Liability Company |  |  |  |
| Dear Sir  | or Madam:  |                                   |  |  |  |
| The encl  | osed Amendment or Cancellation of Statemen       | it of Authority a                 | and fee(s) are submitted for filing.               |  |  |
| Please re | turn all correspondence concerning this matte    | r to the followir                 | ng:  |  |  |
|           | MARK E. FRIED                                    |                                   |  |  |  |
|           | Name of Person                                   |                                   |  |  |  |
| ī         | MARK E. FRIED, P.A.                              |                                   |  |  |  |
|           | Firm/Company                                     |                                   | _  |  |  |
| 11        | 110 BRICKELL AVENUE, SUITE 310                   |                                   |  |  |  |
|           | Address  |                                   | <del></del>  |  |  |
|           | MIAMI, FLORIDA 33131                             |                                   |  |  |  |
|           | City/State and Zip Code                          |                                   | _  |  |  |
| r         | nfried@markfriedlaw.com                          |                                   |  |  |  |
|           | E-mail address: (to be used for future annual a  | report notification               | on)  |  |  |
| For furth | er information concerning this matter, please of | call:                             |  |  |  |
| N         | MARK E. FRIED                                    | 305                               | 371-7079   |  |  |
|           | Name of Person                                   | at (Area Code                     | Daytime Telephone Number                           |  |  |
|           | Mailing Address:                                 |                                   | Street Address:                                    |  |  |
|           | Registration Section                             |                                   | Registration Section                               |  |  |
|           | Division of Corporations P.O. Box 6327           |                                   | Division of Corporations The Centre of Tallahassee |  |  |
|           | Tallahassee, FL 32314                            |                                   | Tallahassee, FL 32303                              |  |  |
|           |  |                                   |  |  |  |

## AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY

| Pursuant to section 605.0302(2), Florida Statutes, this limited lie  FIRST: The name of the limited liability company is: | ability company submits the foll   | owing:         |  |  |
|---|--|----------------|--|--|
| SECOND: The Florida Document number of the limited liabilit   | 548  |                |  |  |
| THIRD: The street address of the limited liability company's p  | orincipal office is:   |                |  |  |
| MIAMI GARDENS, FLORIDA 33169  | -  |                |  |  |
| The mailing address of the limited liability company 20741 NW 2nd AVENUE  | The mailing address of the limited liability company's principal office is:  20741 NW 2nd AVENUE |                |  |  |
| MIAMI GARDENS, FLORIDA 33169  |  | 2020 FEB 10    |  |  |
| FOURTH: The date the statement of authority became effective FIFTH: The statement of authority is cancelled.  OR          | APRIL 24, 2019   |                |  |  |
| The amendment to the statement of authority i   | is   |                |  |  |
| Signature of authorized representative  | Mark E. Fried, Attorne Typed or printed name   |                |  |  |
| inglature or authorized representative  | ryped or printed frame   | - Or Signature |  |  |

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)