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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	☐ MAIL
(Business Entity Name)	
(Document Number)  Certified Copies Certificates of S	Statu <b>s</b>
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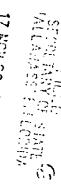
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### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: FAN VA	LLC
Nani	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:
_ Po	mon Reyes
	Plame of Person  Amon Peyes PA  Firm/Company
5	Firm/Company/ 035 Palm Ave
	Address
rr 0.00	City/State and Zip Code  OUNTING 5035 Q yahoo . Con  dress: (to be used for future annual report notification)
E-mail ad	dress: (to be used for future annual report notification)
For further information concerning this matter, p	
Kamon Preyes	at ( <u>305</u> ) <u>822 – 0803</u> Area Code Daytime Telephone Number
Name of Person / Enclosed is a check for the following amount:	Area Code Daytime Telephone Number
\$25.00 Filing Fee	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32301

## **COVER LETTER**

TO: Registration Sec Division of Corp				
SUBJECT:	FANVA L	.LC		
	Nam <b>co</b> f Li	mited Liability Company		
The enclosed Articles of A	amendment and fee(s) are su	bmitted for filing.		
Please return all correspon	idence concerning this <b>m</b> atte	r to the following:		
, , , , , , , , , , , , , , , , , , ,				
		on Reyes		
		Name of Person		
	2	$\mathcal{O}_{\mathcal{O}}$	$\mathcal{O}_{\mathcal{A}}$	
		non Deyes Firm/Company	<u> </u>	
	I # 1 #			
	503	35 Palm Av	<u></u>	
	<b>I</b> I .	Address		
	Hua	leah Fl	33012	
		leah F/ City/State and Zip Code n + 109 5035 (a) (to be used by future annual report n	) ,	
	rr accov.	nting 5035 (	yahoo . com	
For forther information	121		(Contraction)	
ror turther information co	ncerning this matter, please	сан.		
Lamon	neyes !	at (_305_)82	2 <u>- 0</u> 80 <u>3</u>	
Name of	Person	Area Code Day	time Telephone Number	
Enclosed is a check for the	: following amount:			
\$25,00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee.	
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy	
			(additional copy is enclosed)	
MAILE	NG ADDRESS:	STREET/COU	RIER ADDRESS:	
Registration Section		Registration Section		
Division P.O. Bo:	of Corporations x 6327	Division of Corp Clifton Building		
	see, FL 32314	2661 Executive		

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TAND		i 
	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	T NOY
The Articles of Organization for this Limited $oldsymbol{\mathrm{U}}$	ability Company were filed on	andrassigned
Florida document number <u>L 17 000 28</u>	36464	
This amendment is submitted to amend the following the fol		بر ا الله الله الله الله الله الله الله ال
A. If amending name, <u>enter the new name o</u>	the limited liability company here:	$\mathbf{\omega} = \frac{1}{2} \frac{1}{6}$ .
The new name must be distinguishable and contain the	ords "Limited Liability Company," the designation "LLC" or the abbr	
 Enter new principal offices address, if applic	able: 3563 Altis Circle  TADDRESS) 51e:15309  Haleah, Fl. 3301	5
(Principal office address MUST BE A STREE	<u>TADDRESS) 51e: 15309</u>	
Enter new mailing address, if applicable:	3563 Altis Circle	S
(Mailing address MAY BE A POST OFFICE)	<u>80x)                                    </u>	
	BOX) Ste: 153 09 Haleah 71 33018	
B. If amending the registered agent and	or registered office address on our records, enter the	ie name of the new
registered agent and/or the new registered of  Name of New Registered Agent:		
New Registered Office Address:	- Hagola A. Quiroz 3563 AHis Circle S. April Enter Florida street address	. 15309
	Hialeah Florida	33018 Zip Code
N Design of A Al. (Clark)	City	гу ски

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 Ageny, Signature of New Registered Agent

	Authorized Person(s) authorized om our records:	to man:	age, enter the title, name, and address of each	person being added
MGR = Mai AMBR = Aut	nager horized Member			
Title	<u>Name</u>		Address	Type of Action
Hgr	Hagola A. Quir	Ог	3563 Altis Circle 5 Apt. 15309	<b>X</b> Add
			Apt.15309	Remove
			Hialeah , F/ 33018	Change
Mar	Georges B. Char		3563 Altis Circle S	
			Apt. 15309	□ Remove
			Haleah, F/ 33018	Change
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		Page 2 o	of 3	

D. 'If amending a	iny other information, ed <b>të</b> r ch	ange(s) here: (Attach additional sheets, if necessary.)		
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(If an effective date Note: If the date	, if other than the date of filing e is listed, the date must be specificated ite inserted in this block does not m ective date on the Department of Si	cannot be prior to date of tiling or more than 90 days after filing.) Pur- eet the applicable statutory filing requirements, this date will	uant to 605 not be list	5.0207 (3)(b) sed as the
If the record sp (b) The 90th d	ecifies a delayed effective d lay after the record is filed.	ate, but not an effective time, at 12:01 a.m. on t	he earli	er of:
Dated Nov	umber 22+4	$\frac{2017}{100}$		
		lember or authorized representative of a member		
	Signalyreol and	0		
	Ĭ	Typed or printed name of signee	<del></del>	
		Page 3 of 3		
		Filing Fee: \$25.00		