## L21000385504

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## **COVER LETTER**

TO: Registration Se Division of Cor	ction porations	,	
SUBJECT: FA	AS IIC	•	
	Name of Limited Liability Company  Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following:    Nicolas Fusco		
The analoged Asigles of	A mandment and foo(s) am sub	unitted for filing	
The enclosed Articles of	Amendment and rec(s) are suo	minuca for thing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Vicolas Fusco Name of Person	
		FANS LLC	
	<del></del>	1985 NE Address	119th Raid
		NOSTH Minmi, F City/State and Zip Code	-L, 33181
	E-mail address: (	to be used for future annual report no	ments@ymailo(on
For further information co	oncerning this matter, please ca	all:	
Name of	olas Fusco	at (305) 49 Area Code Dayti	5 1 d B P
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Address Registration S		Street Address: Registration S	ection
D		D. J. J. J. C.	. •

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FANS LLC		
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)	<del></del>
The Articles of Organization for this Limited Liability Company were formed document number <u>L 2 1 000 385 504</u>	iled on <u>08/27/20</u> 2	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability co	ompany here:	
The new name must be distinguishable and contain the words "Limited Liability Con	npany," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	—,;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	921
		<u> </u>
	<b>:</b>	्री ू
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	in the second se	çp
	• •	l; 7
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	s on our records, enter the name o	of the new registered
Name of New Registered Agent:		<del></del>
New Registered Office Address:	Enter Florida street address	· · · · · · · · · ·
	, Florida	
		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 = MS $AMBR = AS$	anager uthorized Member		
<u>Title</u>	Name Antheon	Address	Type of Action
MER	Nicolas Androny Fusco	Address  1985 NE 19 Road  North MIAMI, FL 3318	□Add
		North MIAMI, FL 3318	□Remove
			Change
MGR	Andres A. Sonchez	13205 keysbne Ten	
		North Mioni, FL 33	Remove
			Change
			□Add
			□Remove
		Company	Change
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ective date, if othe reflective date is listed,	, the date must be specil	fic and cannot b	c prior to date	of filing or mo	ore than 90 da	(optional) ys after filing.)	Pursuan	to 605.02
te: If the date inserte cument's effective da				atutory filing	g requiremen	its, this date v	viii not	be listed
cord specifies a delay s filed.	yed effective date, bi	ut not an effec	ctive time, at	12:01 a.m. c	n the earlier	of: (b) The	90th da	ry after th
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Filing Fee: \$25.00