

C16000 149548

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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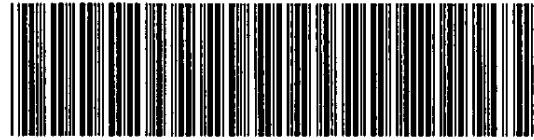
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

APR 13 2018  
J. HARRIS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** FANLU 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:

MARK E. FRIED, ESQ.  
Name of Person  
MARK E. FRIED, P.A.  
Firm/Company  
1110 BRICKELL AVENUE, SUITE 310  
Address  
MIAMI, FLORIDA 33131  
City/State and Zip Code  
rorida18@yahoo.com.br  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK E. FRIED 305 371-7079  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FANLU 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 08/10/2016 and assigned  
Florida document number L16000149548.

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 "LLC."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

20741 NW 2nd AVENUE

MIAMI GARDENS, FLORIDA 33169

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

C/o AV 18 MANAGEMENT, LLC

P.O. BOX 802604

AVENTURA, FLORIDA 33280-2604

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STATE OF FLORIDA

**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

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>
MGR	MEF MANAGER INC.	1110 Brickell Avenue, Suite 310	<input type="checkbox"/> Add
		Miami, FL 33131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NELSON SMEJOFF	20741 NW 2nd Avenue	<input checked="" type="checkbox"/> Add
		Miami Gardens, FL 33169	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FANY NEMETZ SMEJOFF	20741 NW 2nd Avenue	<input checked="" type="checkbox"/> Add
		Miami Gardens, FL 33169	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RODRIGO NEMETZ SMEJOFF	20741 NW 2nd Avenue	<input checked="" type="checkbox"/> Add
		Miami Gardens, FL 33169	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DANIEL NEMETZ SMEJOFF	20741 NW 2nd Avenue	<input checked="" type="checkbox"/> Add
		Miami Gardens, FL 33169	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE FLORIDA

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)


**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated MARCH 29, 2018

\_\_\_\_\_, \_\_\_\_\_.

  
Signature of a member or authorized representative of a member

MARK E. FRIED  
Typed or printed name of signer

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TALLAHASSEE, FLORIDA