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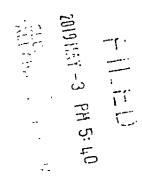
(Requestor's Name)
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO:	Registration Sec Division of Corp			,
) A	BRASA NM,	LLC
SUBJE	CT:	Name of Limi	ited Liability Company	
The encl	osed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspor	ndence concerning this matter	to the following:	
		N	G, CHAK P	
			Name of Person	
			Firm/Company	
		613 Woo	DGATE LANE	
			ODGATE LANE	
		SUNRISE	FL 33376 City/State and Zip Code Hom AS 684 @ GN	
		.11-	City/State and Zip Code	0.41
		NG 15	to MAS 684 @ GP	Cation)
For furth	ner information co	oncerning this matter, please ca		,
				1 = 11.1
	Name of	CHAK P	at (954) 55	7 - 4 5 4 4 Telephone Number
	Name of	rerson	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.	00 Filing Fee	S30.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NM, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 04/15/2019 The Articles of Organization for this Limited Liability Company were filed on Florida document number L 1 9 000 10 3 4 3 3 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) 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 _

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>	Address	Type of Action
MGR	NG, CHAK,P	613 WOODGATE LANE	🗆 Add
		SWARISE, FL 33326	Remove
			Change
MGR	MINGUILLO, JORGE, F	2775 NE 1874 ST	<u>·</u> □ Add
		APT # SOB, AVENTURA, F	L KRemove
		33180	Change
			Add
			□ Remove
			Change
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Note: 11 t	he date insert	er than the d l, the date must b ted in this bloc ate on the Dep	k does not m	eet the applicab	date of filing or the statutory filing	nore than 90 day ng requiremen	(optional) s after filing.) Pursits, this date will r	uant to 605.0207 (. not be listed as th
The 90	th day afte	er the recor	d is filed.			time, at 12	:01 a.m. on th	ne earlier of:
Dated	A	PRIL	29	2019	/			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00