

L19000103433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



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MAIL

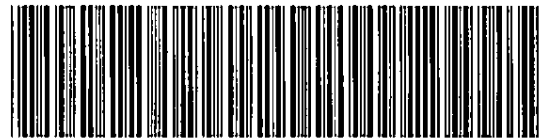
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LA BRASA NM, 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:

NG, CHAK P

Name of Person

Firm/Company

613 WOODGATE LANE

Address

SUNRISE, FL 33326

City/State and Zip Code

NGTHOMAS684@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NG, CHAK P

Name of Person

at ( 954 )

Area Code

554-4544

Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee      ☐ \$30.00 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

LA BRASA NM, LLC

The Articles of Organization for this Limited Liability Company were filed on 04/15/2019 and assigned Florida document number L19000103433

Page 1 of 3

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>
<u>MGR</u>	<u>NG, CHAK, P</u>	<u>613 WOODGATE LANE</u>	<input type="checkbox"/> Add
		<u>SUNRISE, FL 33326</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>MINGVILLO, JORGE, F</u>	<u>2775 NE 187<sup>th</sup> ST,</u>	<input type="checkbox"/> Add
		<u>APT # 508, AVENTURA, FL</u>	<input checked="" type="checkbox"/> Remove
		<u>33180</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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**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 APRIL 29, 2019

Signature of a member or authorized representative of a member

CHAK P. NG

Typed or printed name of signee