

L19000103433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

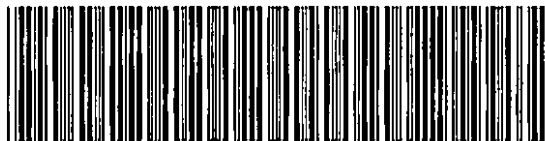
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CLERK OF STATE
DIVISION OF CONSUMER AFFAIRS
21 APR -7 PM 1:19



KYLER, KOHLER
OSTERMILLER
& SORENSEN

A LIMITED LIABILITY PARTNERSHIP

1883 W. Royal Hunte Dr. Suite 200
Cedar City, Utah 84720
Phone 435-586-9366
Fax 435-586-9491

Andrea Emans, Paralegal
andrea@kkoslawyers.com

March 4, 2021

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To Whom It May Concern:

Enclosed for processing are duplicates of the Articles of Amendment for **La Brasa NM, LLC**. Also enclosed is a check in the amount of \$25.00 to cover the filing fee.

If you find the enclosed document acceptable, please note your acknowledgment of receipt on the copy and return it to my office with the enclosed return envelope as noted above.

Thank you for your anticipated attention to this matter.

Very truly yours,

KYLER KOHLER OSTERMILLER & SORENSEN, LLP

Andrea Emans, Paralegal

Enclosure

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

FLORIDA STATE
DIVISION OF CORPORATIONS
21 APR -7 PM 1:19

La Brasa NM, 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 4/15/2019 and assigned
Florida document number L19000103433.

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 "L.L.C."

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

City

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:

FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

21 APR -7 PM 1:19

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Chak P. Ng	613 Woodgate Lane	<input checked="" type="checkbox"/> Add
		Sunrise, FL 33326	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jorge F. Minguillo	2775 NE 187th Street Apt #508	<input checked="" type="checkbox"/> Add
		Aventura, FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CTK Empire, LLC	613 Woodgate Lane	<input type="checkbox"/> Add
		Sunrise, FL 33326	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	EVO Movement LLC	2775 NE 187th Street Apt #508	<input type="checkbox"/> Add
		Aventura, FL 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

STATE OF UTAH
DIVISION OF CORPORATIONS

21 APR -7 PM 1:19

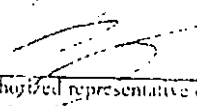
E. Effective date, if other than the date of filing: _____ (optional)

(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 4 2021



Signature of a member or authorized representative of a member

Chak P. NG

Typed or printed name of signer

**Kyler Kohler Ostermiller
& Sorensen, LLP**

83 W. Royal Hunt Drive, Ste. 200A
Cedar City, UT 84720

KKOS Lawyers

Attn: Andrea Emans

1883 W. Royal Hunt Drive, Ste. 200A
Cedar City, UT 84720



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

FILED
CLERK OF COURT
DIVISION OF CORPORATION
21 APR -7 PM 1:19

La Brasa NM, LLC

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(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** _____
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.

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MGR = Manager
AMBR = Authorized Member

STATE OF FLORIDA
DEPARTMENT OF REVENUE
DIVISION OF CORPORATE AFFAIRS

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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AMBR	CTK Empire, LLC	613 Woodgate Lane Sunrise, FL 33326	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	EVO Movement LLC	2775 NE 187th Street Apt #508 Aventura, FL 33180	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
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Dated March 4, 2021

Signature of a member or authorized representative of a member

Chak P. NG

Typed or printed name of signer