

LI 9000 218 137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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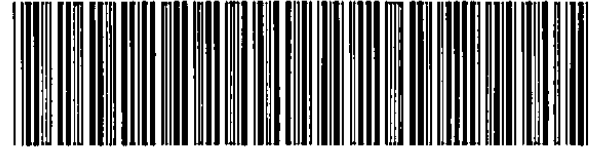
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

SEP 21 2013

T SCHROEDER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LAPBAR 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:

MILAGROS GONZALEZ

\_\_\_\_\_  
Name of Person

EMV SERVICES LLC

\_\_\_\_\_  
Firm/Company

4400 NW 79TH AVE #324

\_\_\_\_\_  
Address

DORAL, FL 33166

\_\_\_\_\_  
City/State and Zip Code

EMVSERVICESLLC@GMAIL.COM

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

For further information concerning this matter, please call:

MILAGROS GONZALEZ

786 2230280  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

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

## LABBAR LLC

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>
MGR	SANCHEZ, NESTOR M	275 NE 18TH ST APT 509 MIAMI, FL 33132	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	SANCHEZ, HECTOR M		<input type="checkbox"/> Add
		275 NE 18TH ST APT 509 MIAMI, FL 33132	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

THE NAME OF THE MANAGER WAS MISSPELLED. THE CORRECT NAME IS NESTOR M SANCHEZ.

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TALLAHASSEE, FLORIDA

**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 SEPTEMBER 9 2019

Nestor M Sanchez  
Signature of a member or authorized representative of a member

NESTOR M SANCHEZ

Typed or printed name of signer