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то:	Registration Se Division of Cor			
SUBJ	LAPBAR I	J.C		
SUBJ	r.c.1:	Name of Lim	nited Liability Company	·
The er	iclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		MILAGROS GONZALEZ	2	
		EMV SERVICES LLC	Name of Person	
		4400 NW 79TH AVE #32	Firm/Company 4	
		DORAL, FL 33166	Address	
		EMVSERVICESLLC@GN		
			to be used for future annual report notif	leation)
For fu	ther information c	oncerning this matter, please co	all:	
MILA	GROS GONZALI	Z.	786 2230280	
	Name o	f Person		Felephone Number
Enclos	ed is a check for the	ne following amount:		
□ \$2	5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAPBAR LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our record (Limited Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability C	ompany were filed on 8/26/2019	and assigned
Florida document number L19000218137	·	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company." the designation "LLC	or the abbreyiation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	RESS)	No. of the second
		4% N F
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		15 W
3. If amending the registered agent and/or registered	tered office address on our records	e anter the name of the
registered agent and/or the new registered office addi	ress here:	s enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	`
		orida
	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, <u>enter the title, name, and address of each person_being ad or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SANCHEZ, NESTOR M	275 NE 18TH ST APT 509 MIAMI, FL 33132	■ Add
			□ Remove
			■ Change
MGR	SANCHEZ, HECTOR M		Add
		275 NE 18TH ST APT 509 MIAMI, FL 33132	■ Remove
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Tective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing: Ote: If the date inserted in this block does not meet the applicable statutor ocument's effective date on the Department of State's records.	ing or more than 90 days after filing.) Purs	suant to 605.0 not be listed
record specifies a delayed effective date, but not an effec The 90th day after the record is filed.	ctive time, at 12:01 a.m. on t	:he earlier
SEPTEMBER 9 2019		

Page 3 of 3

Filing Fee: \$25.00