

L2C00015829C

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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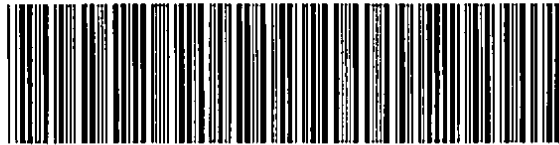
(Business Entity Name)

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# COVER LETTER

Registration Section  
Division of Corporations

NEW LLC MEMBER

SUBJECT: \_\_\_\_\_  
Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing

Please return all correspondence concerning this matter to the following:

TOUSSAINT, MYREILLE

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

CHWA BISTRO LLC

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

2050 HOLLYWOOD BLVD

\_\_\_\_\_  
Address

HOLLYWOOD FL 33020

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

*pkianfa@gmail.com*

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

For further information concerning this matter, please call:

TOUSSAINT, MYREILLE      470      402-1772  
\_\_\_\_\_  
Name of Person      at (      )      Daytime Telephone Number  
Area Code

If payment is by check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|--|

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

PH12:07  
2021 MAY 24

BR = Authorized Member

[illegible]

[illegible]

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.

AUGUST 12 2021

TOUSSAINT, MYREILLE

Typed or printed name of signee

**Filing Fee: \$25.00**