

L1500015661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300277026353

09/24/15--01014--011 **55.00

FILED
2015 SEP 24 P 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP. 29 2015
J. BRUCE

VAN HORN LAW GROUP, P.A.

330 N. Andrews Ave., Suite 450, Fort Lauderdale, Florida 33301
(954) 765-3166 (954) 756-7103 (facsimile)
WWW.CVHLAWGROUP.COM

Matthew T. Moore, Esq.
Of Counsel
matthew@cvhlawgroup.com

*Member of the Florida Bar

September 23, 2015

Via Federal Express

Florida Department of State
Registration Section
Division of Corporations

Re: Choka's Caribbean Restaurant & Lounge, LLC

Dear Sir/Madam:

Enclosed please find an LLC amendment form and form Cover Letter with details of amendments to a recently filed LLC, along with a money order for \$55.00 for a certified copy.

I attach this separate cover letter to ask that you please use the enclosed FedEx envelope with a pre-filled waybill and our account number to use for the return of the certified copy once it is processed. If that is not possible, please just destroy the waybill.

Thank you for your kind attention to this matter.

Very truly yours,



Matthew T. Moore, Esq.

FILED
2015 SEP 24 P 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MTM/s
Encl: As described.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CHOKA'S CARIBBEAN RESTAURANT & LOUNGE, 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:

MATTHEW T. MOORE, ESQ

Name of Person

VAN HORN LAW GROUP, PA

Firm/Company

330 N. ANDREWS AVE, STE 450

Address

FORT LAUDERDALE, FL 33301

City/State and Zip Code

chokasmiami@gmail.com

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

For further information concerning this matter, please call:

MATTHEW T. MOORE

954 765-3166
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

2015 SEP 24 P 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

CHOKA'S CARIBBEAN RESTAURANT & LOUNGE, 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 SEPTEMBER 14, 2015 and assigned
Florida document number L15000156601.

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:

MATTHEW T. MOORE

New Registered Office Address:

330 N ANDREWS AVE STE 450

Enter Florida street address

FORT LAUDERDALE

City

, Florida

33301

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

FILED
2015 SEP 24 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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	AMBIKA HOWELL	105 LYCEUM STREET	<input type="checkbox"/> Add
		ROCHESTER, NY 14609	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	KAVITA JAY CLARK	142 NICHOLS STREET	<input type="checkbox"/> Add
		ROCHESTER, NY 14609	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	TAREK PERSAD	105 LYCEUM STREET	<input type="checkbox"/> Add
		ROCHESTER, NY 14609	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	NAVITA SHELDON	710 WASHINGTON AVE	<input type="checkbox"/> Add
		SUITE CU #3	<input type="checkbox"/> Remove
		MIAMI BEACH, FL 33139	<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

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 01 SEP 24 PM 3:51
 FILED

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

E. Effective date, if other than the date of filing: _____ (optional) **3**
(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 23 2015

Signature of a member or authorized representative of a member

MATTHEW T. MOORE, ESQ.,

Typed or printed name of signee