

L1700003/246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

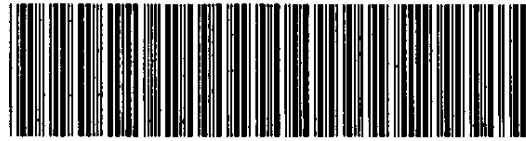
(Business Entity Name)

(Document Number)

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2018 APR -5 PM 12:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

APR 06 2018
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Tonie's Gumbo House and Cafe 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:

Tonietta G. Scott

Name of Person

Tonie's Gumbo House and Cafe LLC

Firm/Company

2148 Ortega Street

Address

Navarre, FL 32566

City/State and Zip Code

toniesgumbohouse@hotmail.com

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

For further information concerning this matter, please call:

Tonietta G. Scott

850 428-3864
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 21, 2018

TONIETTA G SCOTT
2148 ORTEGA STREET
NAVARRE, FL 32566

SUBJECT: TONIE'S GUMBO HOUSE AND CAFE LLC
Ref. Number: L17000031246

We have received your document for TONIE'S GUMBO HOUSE AND CAFE LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 3 is missing.

Section 620.108, Florida Statutes, requires the certificate include the names and street addresses of the general partners.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 618A00003574

RECEIVED

2018 APR -5 PM 2:36

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 APR -5 PM 12:30

FILED

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

Tonie's Gumbo House and Gumbo 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 February 08, 2017 and assigned
Florida document number L17000031246.

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)

1490 HWY 98 W

MARY ESTHER, FL

32569

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

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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ARTHUR R. SCOTT JR	2148 ORTEGA ST	<input type="checkbox"/> Add
		NAVARRE, FL	<input type="checkbox"/> Remove
		32566	<input checked="" type="checkbox"/> Change
AMBR	TONIETTA G. SCOTT	2148 ORTEGA STREET	<input type="checkbox"/> Add
		NAVARRE, FL	<input type="checkbox"/> Remove
		32566	<input checked="" type="checkbox"/> Change
MGR	GREGORY B. TORRY	1557 ZENTH WAY	<input type="checkbox"/> Add
		WESTON, FLORIDA	<input type="checkbox"/> Remove
		FL 33327	<input checked="" type="checkbox"/> Change
MGR	KAIMAYA S. UNDERWOOD	2124 CALLE DE CASTLELAR	<input type="checkbox"/> Add
		NAVARRE	<input type="checkbox"/> Remove
		FLORIDA	<input checked="" type="checkbox"/> Change
MGR	KOLESIA R. BROWN	7483 HARVEST VILLIAGE	<input type="checkbox"/> Add
		NAVARRE	<input type="checkbox"/> Remove
		FLORIDA	<input checked="" type="checkbox"/> Change
AMBR	<i>Adrienne R Scott</i> KOLESIA R. BROWN	8857 CAGLE DRIVE	<input type="checkbox"/> Add
		NAVARRE	<input checked="" type="checkbox"/> Remove
		FLORIDA 32566	<input type="checkbox"/> Change

2011 APR -5 PM 12:30
TALLAHASSEE FLORIDA
STATE OF FLORIDA
DEPARTMENT OF STATE

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

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. At the top left corner, there are some small dark marks, possibly from a staple or punch hole. The paper appears to be part of a binder or folder.

E. Effective date, if other than the date of filing: 01/30/2018 (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 01/30/2018

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Tonietta G. Scott

Typed or printed name of signee

FILED
2018 APR -5 PM 12:30
CLERK OF DISTRICT COURT
SALT LAKE COUNTY, UTAH
SALT LAKE COUNTY, UTAH