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(Requestor's Name) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:			
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Office Use Only



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FILED 2020 DEC -7 PH 2:17

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December 1, 2020
To Whom It May Concern: Please find enclosed an amended application for CATER 2 "U" TRAVELLL LLC; which are reflective of the following changes Sheila Windon title is MGR, and Ray Windon title is now AMBR, I'm also requesting Nytoyia Windon be removed completely.
My contact information is as follows telephone 404 429 6174, mailing address 3741 W State Road 84 Apt #106, Davie Florida 33312
Thanking you in advance for your assistance in this matter.
Sheila Windon

COVER LETTER

	Registration Se Division of Cor			
eup me	Cater2"U"1	Travelli LLC		
SUBJEC	1:	Name of Lin	nited Liability Company	<u> </u>
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	um all correspo	ondence concerning this matter	to the following:	
		Sheila Windon		
			Name of Person	
		Cater2"U"Travelll LLC		
		- 17	Firm/Company	
		3741 W State Road 84 Ap	ot # 106	
			Address	~
		Davie Florida 33312		2020 DEC -7 PH 2:17
			City/State and Zip Code	
		Cater2UTravelll@gmail.co	m	. 7 7
		E-mail address: (to be used for future annual report notification)	- 194 P. J.
For furthe	r information c	oncerning this matter, please c	all:	
Sheila Wi	ndon		404 4296174 at ()	7
	Name o	f Person	Area Code Daytime Telephone Nu	ımber
Enclosed	is a check for th	ne following amount:		
□ \$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	00 Filing Fee, ificate of Status & ified Copy tional copy is enclosed)
	<u> 1ailing Addres</u> Registration S		Street Address: Registration Section	
	Division of C		Division of Corporations	
	P.O. Box 632		The Centre of Tallahassee	0.10
T)	Tallahassee, I	L 32314	2415 N. Monroe Street, Sui	te 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CATER 2 "U" TRAVELLI LLC			
(Name of the Limited L (A F	iability Compa lorida Limited	iny as it now appears on our rec Liability Company)	ords.)
he Articles of Organization for this Limited Liabil	ity Company	were filed on July 6, 2020	and assigned
lorida document number L20000189027	·		
his amendment is submitted to amend the followir	ng:		
a. If amending name, enter the new name of the	limited liab	ility company here:	
he new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the designation "I	LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable	:	3741 W STATE ROAD 84	
Principal office address MUST BE A STREET A		Apt 106	
•		Davie Florida 33312	20
Inter new mailing address, if applicable:			F DEC
Mailing address MAY BE A POST OFFICE BOX	<u>v)</u>		. 7 [
			PA
			÷ %
 If amending the registered agent and/or registered and/or the new registered office address he 		address on our records, <u>en</u>	ter the name of the new regis
and of the new registered office and ress in	· · · ·		
Name of New Registered Agent: S.	heila Windon		
New Registered Office Address: 3741 W STATE ROAD 84 APT 106			
		Enter Florida street add	tress
<u>D</u>	avie	·,	Florida 34473
		City	7in 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Sheila Windon	3741 W STATE ROAD 84APT 106DAVIE, FL 333	12 ≣ Add
			□Remove
			□Change
AMBR	Ray C Windon	435 Marion Oaks Golf Road	= Add
		Ocala FL 34473	□Remove
			2020 Finange
MGR	Windon, Nytoyia	12420 NW 20th Court	
		Miami FL 33167	
			_ _ □Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
	·		□Add
			□Remove
			□Change

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fective date, if other than the date of filing:n effective date is listed, the date must be specific and can ote: If the date inserted in this block does not meet cument's effective date on the Department of State	not be prior to date of the applicable sta	of filing or more than tutory filing require	(optional) 90 days after filing, ements, this date	Pursuant to 605.02 will not be listed
ecord specifies a delayed effective date, but not an ois filed.	effective time, at 1	2:01 a.m. on the ea	arlier of: (b) The	e 90th day after th
ted December 1 2	020			
	>			
Signature of a man	her or authorized	presentative of a men		

Filing Fee: \$25.00