

L70 000189027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

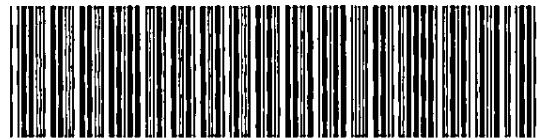
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000355840930

12/07/20--01037--017 \*\*55.00

FILED  
2020 DEC -7 PM 2:17

1/19/21  
*[Signature]*

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

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Cater2"U"Travelll 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:

Sheila Windon

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

Cater2"U"Travelll LLC

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

3741 W State Road 84 Apt # 106

\_\_\_\_\_  
Address

Davie Florida 33312

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

Cater2UTravelll@gmail.com

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

For further information concerning this matter, please call:

Sheila Windon

404 4296174

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 Address:**

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

FILED  
2020 DEC -7 PM 2:17

**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>
MGR	Sheila Windon	3741 W STATE ROAD 84APT 106DAVIE, FL 33312	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ray C Windon	435 Marion Oaks Golf Road	<input checked="" type="checkbox"/> Add
		Ocala FL 34473	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Windon, Nytoyia	12420 NW 20th Court	<input checked="" type="checkbox"/> Add
		Miami FL 33167	<input checked="" type="checkbox"/> Remove
			<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

FILED  
2020 DEC - 5 PM 4:17

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

2020 DEC -7 PM 2:17

FILED  
2020 DEC -7 PM 2:17

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 December 1, 2020

Signature of a member or authorized representative of a member

Sheila Windon

Typed or printed name of signee

**Filing Fee: \$25.00**