# L20000244560

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#### **COVER LETTER**

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and the form	Fosh Cater	ing <sub>p</sub> LLC			
SUBJECT:		Name of Lim	ited Liability Company		· · · · · · · · · · · · · · · · · · ·
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	i all correspo	ondence concerning this matter	to the following:		
		Ron Turner			
			Name of Person		
			Firm/Company		
•	•	12473 SW 125TH Court			
			Address	<u> </u>	
		Miami,FL 33186			
		Day Telegraph (10)	City/State and Zip Code		
		Ron. TTurner04@gmail.cor E-mail address: (	n to be used for future annual	report notifica	ation)
For fiather in	nformation c	oncerning this matter, please c	aH:		
Lindsay Konz		786 23 at ()	88-4450		
•	Name of	f Person	Area Code	Daytime T	elephone Number
Enclosed is a	i check for th	ne following amount:			
1 00,延2 屋	Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		□ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres		Street A		
Registration Section Division of Corporations			Registration Section Division of Corporations		
	). Box 632	-		entre of Tal	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tailahassee, FL 32303



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# FLORIDA DEPARTMENT OF STATE Division of Corporations

November 16, 2020

RON TURNER 12473 SW 125TH COURT MIAMI, FL 33186

SUBJECT: TOSH CATERING, LLC

Ref. Number: L20000249560

We have received your document for TOSH CATERING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6050.

Letter Number: 320A00023018

Shelia S Young Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

TO: Registration Se Division of Cor	ction porations				
Fosh Cateri	ing, LLC	•			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
	ondence concerning this matter				
	Ron Turner				
		Name of Person			
	<del></del>	Firm/Company			
1	12473 SW 125TH Court				
	-	Address			
	Miami,FL 33186				
	<del></del>	City/State and Zip Code	<del> </del>		
	Ron.TTurner04@gmail.cor				
		to be used for future annual report no	otification)		
For father information c	oncerning this matter, please c	all:			
Lindsay Konz		786 238-4450			
Name o	d Person	Area Code Dayti	me Telephone Number		
Enclosed is a check for the	he following amount:				
<b>\$25.00</b> 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 Addres		Street Address: Registration S	ection		
Registration Section Division of Corporations		-	Division of Corporations		
P.O. Box 632	27	The Centre of			
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810		

Tallahassee, FL 32303

Tallahassee, FL 32314

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tosh Catering,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  $\frac{08/06/2020}{}$ \_\_\_\_\_ and assigned Florida document number  $\frac{1.20000249560}{}$ 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 "LLC." 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: New Registered Office Address: Enter Florida street address Cit

#### 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action	
AMBR	Ron Turner	12312 SW 110th S Canal Street Rd, Miami, FL 3318	6 _ <b>■</b> Add	
			_ □Remove	
			□Change	
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ffective date, if other than	the date of filin	na.		(optio	nal)	
Fan effective date; If other than fan effective date is listed, the date former if the date inserted in this locument's effective date on the	must be specific an s block does not a	d cannot be prior to meet the applical	date of filing or mode statutory filing	re than 90 days after f	iling.) Pursuant to 605	.0207 ed as
record specifies a delayed effe d is filed.	ctive date, but no	or an effective tim	e, at 12;01 a.m. o	n the earlier of: (b)	The 90th day after	r the
10/6/	1	2020				
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Typed or printed name of signee