

120 000 274864

Willa Desir  
3104 3rd St East  
- 1st B  
Bradenton, FL 34208-

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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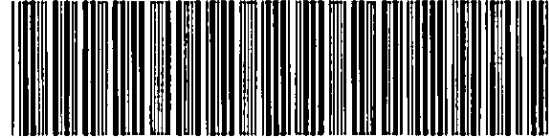
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2021 AUG 23 AM 11:28

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 28, 2021

WILTA DESIR  
3104 3RD ST EAST  
APT B  
BRADENTON, FL 34208

SUBJECT: TATA BON APPETIT CARIBBEAN RESTAURANT LLC  
Ref. Number: L20000274864

We have received your document for TATA BON APPETIT CARIBBEAN RESTAURANT LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

In order to remove an authorized person, an amendment must be filed. attached is the proper form with instructions for your convenience.

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.

Summer Chatham  
OPS

Letter Number: 721A00017619

2021 AUG 24 AM 11:28

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Tata Bon Appetit Caribbean Restaurant  
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:

Willeta Desir  
Name of Person

Tata Bon Appetit  
Firm/Company

3104 3rd St East Apt. B  
Address

Bradenton, FL 34208  
City/State and Zip Code

Willetadesir@yahoo.com / @ymail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Willeta Desir at (941) 249-7264  
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

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

Tata Bon Appetit Caribbean Restaurant 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 Feb 05, 2021 and assigned Florida document number L20000274864.

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:

New Registered Office Address:

Enter Florida street address

City, 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**

[illegible]

42

**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.

The 90th day of

Dated Aug 16, 2021

~~Signature of author~~

Signature of a member or authorized representative of a member

Willa Desir

Typed or printed name of signee

**Filing Fee: \$25.00**