

L20 000 303853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

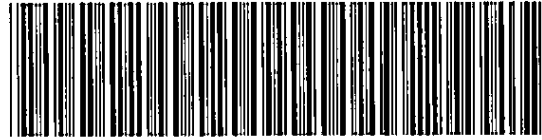
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEC 15 2020

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TONYA CATERAS 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:

Jonathan Robinson

Name of Person

TONYA CATERAS LLC.

Firm/Company

300 NW 186TH STREET

Address

MIAMI GARDENS, FL 33169

City/State and Zip Code

JJROB46@OUTLOOK.COM

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

For further information concerning this matter, please call:

Jonathan Robinson

305 332-8815

Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

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 | LATONYA HENLEY | 3071 ELIZABETH STREET | <input checked="" type="checkbox"/> Add |
| | | COCONUT GROVE, FL. 33133 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMGR | SAMUEL HENLEY | 3071 ELIZABETH STREET | <input type="checkbox"/> Add |
| | | COCONUT GROVE, FL 33133 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| SEC | JONATHAN ROBINSON | 300 NW 186TH STREET | <input type="checkbox"/> Add |
| | | MIAMI GARDENS, FL 33169 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Change |

10

(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)

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.

Jonathan Robinson
Signature of a member or authorized

Signature of a member or authorized representative of a member

Typed or printed name of signee