L20 000 303 853

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number))
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COVER LETTER

TO:	Registration Se Division of Cor			
CHBH		ATERAS LLC.		
SUBJ	r.C1:	Name of Lim	ited Liability Company	
The er	nclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Jonathan Robinson		
			Name of Person	
		TONYA CATERAS LLC.		
			Firm/Company	
		300 NW 186TH STREET		
		-	Address	
		MIAMI GARDENS, FL 33	3169	
			City/State and Zip Code	
		JJROB46@OUTLOOK.CO	M to be used for future annual report notifi	cation)
For fu	rther information co	oncerning this matter, please ca	·	
Jonath	an Robinson		305 332-8815	
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	e following amount:		
□ \$ 2	5.00 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

TONYA CATERAS LLC.

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florid	da Limited Liability Company)	<u>us.</u>)
The Articles of Organization for this Limited Liability Florida document number L0000303853	Company were filed on 9/25/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or register agent and/or the new registered office address here:		the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	22.5
	. म	Jorida
	City	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

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>	Address	Type of Action
MGR	LATONYA HENLEY	3071 ELIZABETH STREET	= Add
		COCONUT GROVE, FL. 33133	□Remove
			□ Change
AMGR	SAMUEL HENLEY	3071 ELIZABETH STREET	🗆 Add
		COCONUT GROVE, FL 33133	□Remove
			≡ Change
SEC	JONATHAN ROBINSON	300 NW 186TH STREET	🗀 Add
		MIAMI GARDENS, FL 33169	□Remove
			■ Change
			□Add
			□Remove
			☐ Change
			□Add
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			□Change
			□Remove
			□Change

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ective date, if other than the date of	filing: (optional)
effective date is listed, the date must be specif	fic and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
e: If the date inserted in this block does ument's effective date on the Departmen	not meet the applicable statutory filing requirements, this date will not be listed as it of State's records.
•	
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s filed.	at not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
NOVEMBER 5,	2020
ed (WATAMBLE S)	2020 Sof a member or authorized representative of a member
(landing)	10 h in
Signature	of a member or authorized representative of a member
ı	·
JONATHAN ROBINSON	
	Typed or printed name of signee