

M19 000000 7714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

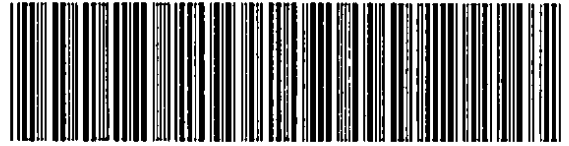
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Amend

Office Use Only



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01/12/22--01015--006 **30.00

FILED

2022 JUN 16 PM 4:32

CLERK OF COURT

Amend

JUL 06 2022

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CATO GROUP OF RESTAURANTS, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHNSON JOSEPH
Name of Person

CATO GROUP OF RESTAURANTS, LLC
Firm/Company

21934 State R 40
Address

ASTOR, FL 32102
City/State and Zip Code

JOHNSON JOSEPH 25 @HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHNSON JOSEPH at (401) 854-8780
Name of Person Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee ☒ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

Check # 387

FILED
2022 JUN 16 PM 4:32
CORPORATION



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 26, 2022

JOHNSON JOSEPH
21934 STATE RT. 40
ASTOR, FL 32102

SUBJECT: CATO GROUP OF RESTAURANTS, LLC
Ref. Number: M19000007714

Please see the new
correct form attached.
Also a new check is included
Since it has been over
60 days from this letter

We have received your document for CATO GROUP OF RESTAURANTS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LIMITED LIABILITY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) 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.

TERARRA A SIMMONS
OPS

Letter Number: 922A00002058

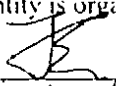
RECEIVED
2022 JUN 16 AM 8:06
SECRETARY OF STATE
TALLAHASSEE, FL

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>JOHNSON JOSEPH</u>	<u>21934 State Rt 42</u>	<input checked="" type="checkbox"/> Add
		<u>ASTOR, FL 32102</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>ATINDER KHOR</u>	<u>1308 E. CHINA BERRY CT</u>	<input type="checkbox"/> Add
		<u>JACKSONVILLE, FL 32259</u>	<input checked="" type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.


Signature of the authorized representative
JOHNSON JOSEPH
Typed or printed name of signee

Filing Fee: \$25.00