

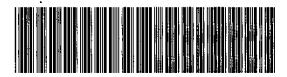
| (Requestor's Name)                      |                    |                 |  |  |  |
|---|--------------------|-----------------|--|--|--|
| (Address)                               |                    |                 |  |  |  |
| (Address)                               |                    |                 |  |  |  |
| (Cit                                    | ty/State/Zip/Phone | <del>;</del> #) |  |  |  |
| PICK-UP                                 | TIAW               | MAIL            |  |  |  |
| (Bu                                     | isiness Entity Nam | ne)             |  |  |  |
| (Document Number)                       |                    |                 |  |  |  |
| Certified Copies                        | _ Certificates     | of Status       |  |  |  |
| Special Instructions to Filing Officer: |                    |                 |  |  |  |
|   |                    |                 |  |  |  |
|   |                    |                 |  |  |  |
|   |                    |                 |  |  |  |
|   |                    | of Status       |  |  |  |

Office Use Only

G. MCLEOD

OCT 2 0 2010

**EXAMINER** 



100186743081

10 OCT 19 PH 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## **COVER LETTER**

| TO: * Registration Section Division of Corporations                                    |
|--|
| SUBJECT: Cafe' Soleil I. R.B. 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:              |
| STACY Merriam  |
| STACY Merriam  Name of Person  Cafe Soleil I.R.B  Firm/Company                         |
| 1511 Gulf Blvd,  |
| Indian Rocks Beach, FL. 33785 City/State and Zip Code                                  |
| Stacy, Merriam @ earthlink. net  |
| For further information concerning this matter, please call:                           |
| Stacy Merriam at (727) 430 · 3895  Name of Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount:  |
| \$25.00 Filing Fee \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \                               |
|  |

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

| DAINE OF | HIC LIMITS |           |          |          |          |
|----------|------------|-----------|----------|----------|----------|
|          | (A         | Florida L | imited L | iability | Company) |

| New Registered Villes / Redison.                                     | Enter F                   | lorida street address                    |
|--|---------------------------|--|
| Name of New Registered Agent:  |                           |  |
| registered agent and/or the new registered office addres             | s here:                   |  |
| <u> </u>   |                           | S 2: 3                                   |
| (Mailing address MAY BE A POST OFFICE BOX)                           |                           | 7, 2, 1,1                                |
| Enter new mailing address, if applicable:                            |                           | ASSEE 9                                  |
| (Principal office address MUST BE A STREET ADDRE                     | <u>SS)</u>                | AHE OC                                   |
| Enter new principal offices address, if applicable:                  |                           | 7.5. <b>7.</b>                           |
| The new mame must be distinguishable and the with the words "L.L.C." | Enjated Etabutty Company, | the designation "LLC" or the appreviatio |
|  |                           |  |
| A. If amending name, enter the new name of the limite                | d liability company here: |  |
| This amendment is submitted to amend the following:                  |                           |  |
| Florida document number <u>L090000 32</u>                            | 6                         |  |
| The Articles of Organization for this Limited Liability Cor          |                           | 12-2009 and assigned                     |
|  | 1.                        |  |

## 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** MGRM William Dillon ☐ Add Remove ☐ Add Remove Add Remove □Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Merriam Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00