

L09000003226



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(Address)

(Address)

(City/State/Zip/Phone #)

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OCT 20 2010

EXAMINER

10/19/10--01010--013 **25.00

FILED
10 OCT 19 PM 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
Name of Person

Cafe-Soleil I.R.B.
Firm/Company

1511 GULF Blvd.
Address

Indian Rocks Beach, FL. 33785
City/State and Zip Code

Stacy.Merriam@earthlink.net
E-mail address: (to be used for future annual report notification)

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 ☐ \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO

OF

~~(NAME OF THE LIMITED LIABILITY COMPANY)~~
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01-12-2009 and assigned Florida document number 209000003226

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 end with 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)

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TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

NEW REGISTERED OFFICE ADDRESS: _____

Enter Florida street address

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 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>	<u>Type of Action</u>
MGRM	William Dillon	1511 Gulf Blvd. Indian Rocks Beach FL 33785	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated October 12, 2010

S. Merriam

Signature of a member or authorized representative of a member

Stacy Merriam

Typed or printed name of signee