

L11000060060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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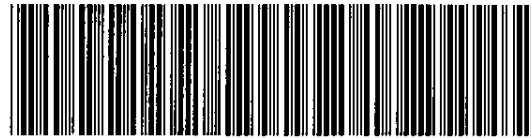
(Business Entity Name)

(Document Number)

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OCT 25 AM 11:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

OCT 25 2011

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Chelsea Palm & Cream, 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:

Lisa A. Barrett

Name of Person

Chelsea Palm & Cream, LLC

Firm/Company

1400 Colonial Blvd., Suite 57

Address

Fort Myers, Florida 33908

City/State and Zip Code

LisakBarrett@msn.com

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Lisa A. Barrett

Name of Person

at ( 239 )

278-1250

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**Chelsea Palm & Cream, LLC**

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/20/2011 and assigned  
Florida document number L11000060060.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Coral Palm Cafe LLC

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:**

Lisa A. Barrett

**(Principal office address MUST BE A STREET ADDRESS)**

13822 Pine Villa Lane

Fort Myers, Florida 33912

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

**Name of New Registered Agent:**

Lisa A. Barrett

**New Registered Office Address:**

1400 Colonial Blvd., Suite 57

*Enter Florida street address*

Fort Myers

Florida

33908

*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.*

*Lisa A. Barrett*

**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	Michelle Serena	1400 Colonia Blvd., Suite 57 Fort Myers, Florida 33908	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Lisa A. Barrett	13822 Pine Villa Lane Fort Myers, Florida 33912	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Peggy S. Buonsignore	919 Altadena Drive Fort Myers, Florida 33919	<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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated October, 20, 2011

  
Signature of a member or authorized representative of a member

Warren Chiapparelli  
Typed or printed name of signee

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 TALLAHASSEE, FLORIDA