

Florida Department of State  
Division of Corporations  
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## Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

Account Name : FISHER, TOUSEY, LEAS & BALL  
Account Number : I19990000021  
Phone : (904) 356-2600  
Fax Number : (904) 355-0233

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## RETAIL AUTHORITY, LLC

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S. HAWKES

AUG 10 2009

EXAMINER

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From: Fisher Tousey Leas & Ball

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08/07/2009 14:23

#392 P.002/004

**COVER LETTER**

H09000178454

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Retail Authority, 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:

John S. Ball

Name of Person

Fisher, Tousey, Leas & Ball, P.A.

Firm/Company

501 Riverside Avenue, Suite 600

Address

Jacksonville, Florida 32202

City/State and Zip Code

fjohnson@slsleiman.com

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

For further information concerning this matter, please call:

John S. Ball

Name of Person

at ( 904 )

356-2600

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

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

Retail Authority, LLC

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

The Articles of Organization for this Limited Liability Company were filed on February 13, 2009 and assigned  
Florida document number L09000015114

09 AUG 7 AM 10:25  
FILED  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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)

1 Sleiman Parkway

Suite 270

Jacksonville, Florida 32216

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1 Sleiman Parkway

Suite 270

Jacksonville, Florida 32216

**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:

Robert K. White

New Registered Office Address:

1 Sleiman Parkway, Suite 270

*Enter Florida street address*

Jacksonville

, Florida

32216

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.*

Robert K. White  
If Changing Registered Agent, Signature of New Registered Agent

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H09000178454

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	Peter D. Sleiman	8669 Baypine Road Suite 100 Jacksonville, Florida 32256	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Anthony T. Sleiman	1 Sleiman Parkway Suite 270 Jacksonville, Florida 32216	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Eli T. Sleiman, Jr.	1 Sleiman Parkway Suite 270 Jacksonville, Florida 32216	<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 August 6, 2009

Signature of a member or authorized representative of a member

Robert K. White

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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