

Division of Corporations

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L09000015116Florida Department of State
Division of Corporations
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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**FILED**
2009 AUG -7 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN****RETAIL MASTERS, LLC**

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C. LEWIS

AUG 10 2009

EXAMINER

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From: Fisher Tousey Leas & Ball

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08/07/2009 14:24

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H09000178448

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Retail Masters, 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@slelman.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

H09000178448

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

H09000178448

2009 AUG -7 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDARetail Masters, 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 L09000015116.

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 ParkwaySuite 270Jacksonville, Florida 32216

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1 Sleiman ParkwaySuite 270Jacksonville, 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:

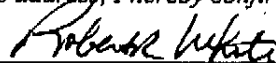
1 Sleiman Parkway, Suite 270

Enter Florida street address

JacksonvilleFlorida32216*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

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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 Bayline 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

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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