

L10000059470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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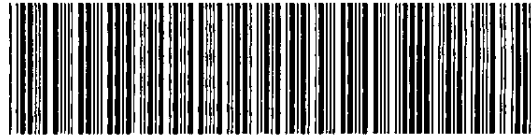
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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N. Culligan MAR 1 - 2011

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ATS RETAIL VENTURES, 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:

THOMAS ZIEGENHARDT

Name of Person

RETAIL CONSORTIUM, LLC

Firm/Company

44 N PROSPECT DRIVE

Address

CORAL GABLES, FLORIDA 33133

City/State and Zip Code

THOMZ@ATT.NET

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

For further information concerning this matter, please call:

THOMAS ZIEGENHARDT

Name of Person

at ( 954 )

647-8371

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**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

11 FEB 28 PM 12:19

**ATS RETAIL VENTURES, 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 JUNE 03, 2010 and assigned  
Florida document number L10000059470.

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:**

19501 WEST COUNTRY CLUB DRIVE

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

UNIT 1814

AVENTURA, FLORIDA 33180

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

19501 WEST COUNTRY CLUB DRIVE

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

UNIT 1814

AVENTURA, FLORIDA 33180

**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:**

AVITAL SAID-COHEN

**New Registered Office Address:**

19501 WEST COUNTRY CLUB DRIVE, UNIT 1814

*Enter Florida street address*

AVENTURA

, Florida

33180

*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>
MGR	THOMAS ZIEGENHARDT	44 N. PROSPECT DRIVE CORAL GABLES, FLORIDA 33133	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	SOL BANKOLE	2839 TAYLOR STREET HOLLYWOOD, FLORIDA 33020	<input type="checkbox"/> Add <input checked="" 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.)

PLEASE UPDATE THE MAILING ADDRESS OF THE MGRM TO THE

FOLLOWING:

AVITAL SAID-COHEN

19501 WEST COUNTRY CLUB DRIVE, UNIT 1814

AVENTURA, FLORIDA 33180

Dated FEBRUARY 4TH, 2011

Signature of a member or authorized representative of a member

AVITAL SAID-COHEN

Typed or printed name of signee

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