L11000115940

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SECRETARY OF STATE
TALLAHASSEE, FLORID,

D. BRUCE

NOV 17 2011

EXAMINER

COVER LETTER

10:	Division of Co				
SUBJE	CCT:	SPECIA	TY RETAIL, LLC		
00202			nited Liability Company		
The end	closed Articles of	Amendment and fee(s) are so	ubmitted for filing.		
Please i	return all correspo	ondence concerning this matte	er to the following:		
			IUMBERTO TANCILLO		
			Name of Person		
		SI	PECIALTY RETAIL, LLC		
			Firm/Company		
			P.O. BOX 936		
			Address		
		Р	ALM BEACH, FL 33480		
			City/State and Zip Code	A.C. =	
		h E-mail address:	umberto@srflorida.com (to be used for future annual report notification)	AHA A	Ī
For furt	ther information of	concerning this matter, please	call:	SECRETARY OF STATE LLAHASSEE, FLORID TOTAL	_
	Hun	nberto Tancillo	at (561) 900-	5077 FS = C	_
	Name o	of Person	Area Code & Daytime Telep	5077 FOR RIP STATE	
Enclose	ed is a check for t	he following amount:			
₹ 25	.00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER AI Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPECIALT`	Y RETAIL, LL	C	
(Name of the Limited Liability Con (A Florida Limit	npany as it now appe ed Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability Comp	any were filed on _	October 10, 2011	and assigned
Florida document numberL11000115960			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	liability company h	ere:	
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Com	pany," the designation "L	LC" or the abbreviatio
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		A STATE OF THE STA
			16 ARY SSE
Enter new mailing address, if applicable:			The second
(Mailing address MAY BE A POST OFFICE BOX)	 		SE SE O
			8 8 8 B
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, enter the	ne name of the nev
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:			
	1	Enter Florida street addi	ess
	City	, Florida	Zip Code
	City		гір Соае

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>	Address	Type of Action
MGRM	Lenne A. Ruzat	6971 N Federal Hwy, Suite 400 Boca Raton, Fl. 33487	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter change((s) here: (Attach additional sheets, if necessary.)	ALLAHASSE
			E. FLORIDA
			[*] *
Dated	November 11 , 201	authorized representative of a member	···
		mberto Tancillo r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00