

L14000063019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

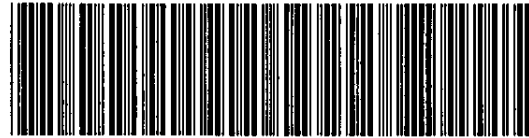
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300261534183

06/25/14--01026--002 \*\*25.00

FILED  
14 JUN 25 AM 10:20  
TALLAHASSEE, FLORIDA

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: **Retail Solutions Advisors, 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 C. Saunders, Esq.**

Name of Person

**Saunders Law Group**

Firm/Company

**P.O. Box 1279**

Address

**Bartow, Florida 33831-1279**

City/State and Zip Code

**marcie@saunders-law.com**

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

For further information concerning this matter, please call:

**Marcie Alvey**

Name of Person

at **(863) 533-6200**

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**

RETAIL SOLUTIONS ADVISORS, 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 April 17, 2014 and assigned  
Florida document number L14000063019.

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)

3730 Cleveland Heights Blvd.

Suite 2

Lakeland, Florida 33803

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3730 Cleveland Heights Blvd.

Suite 2

Lakeland, Florida 33803

**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:

Thomas C. Saunders, Esq.

New Registered Office Address:

480 S. Broadway Ave.

Enter Florida street address

Bartow

City

, Florida 33830

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Jim D. Lee	500 South Florida Ave.	<input type="checkbox"/> Add
		Suite 530	<input checked="" type="checkbox"/> Remove
		Lakeland, FL 33801	
P	Charles M. Boscarino	3730 Cleveland Heights Blvd.	<input type="checkbox"/> Add
		Suite 2	<input checked="" type="checkbox"/> Remove
		Lakeland, FL 33803	
VP	Jannetje C. Delrio	3730 Cleveland Heights Blvd.	<input type="checkbox"/> Add
		Suite 2	<input checked="" type="checkbox"/> Remove
		Lakeland, FL 33803	
VP	Lynda D. Nagy	3730 Cleveland Heights Blvd.	<input type="checkbox"/> Add
		Suite 2	<input checked="" type="checkbox"/> Remove
		Lakeland, FL 33803	
AMBR	Cheri Maxwell	3730 Cleveland Heights Blvd.	<input checked="" type="checkbox"/> Add
		Suite 2	<input type="checkbox"/> Remove
		Lakeland, FL 33803	
AMBR	Charlie Boscarino	3730 Cleveland Heights Blvd.	<input checked="" type="checkbox"/> Add
		Suite 2	<input type="checkbox"/> Remove
		Lakeland, FL 33803	

16 JUN 25 09:10:20  
TALLAHASSEE, FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	PSL Management, LLC	500 South Florida Ave.	<input checked="" type="checkbox"/> Add
		Suite 530	<input type="checkbox"/> Remove
		Lakeland, FL 33801	
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

14 JUN 25 AM 10:2  
 FACILITY  
 14 JUN 25 AM 10:2  
 FACILITY  
 14 JUN 25 AM 10:2  
 FACILITY

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

---

---

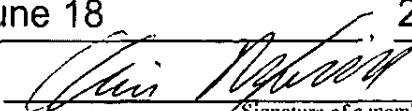
---

---

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 18, 2014



Signature of a member or authorized representative of a member

Cheri Maxwell

Typed or printed name of signee

Filing Fee: \$25.00

FILED  
14 JUN 25 PM 10:20  
TALLAHASSEE, FLORIDA