

L14000132677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

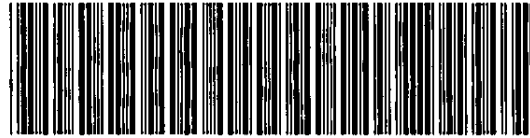
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900263651649

09/18/14--01021--003 **25.00

FILED
14 SEP 18 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Atlantic Retail Investment Services, 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:

Michael Piccirillo
Name of Person

Atlantic Retail Properties
Firm/Company

300 First Avenue, Suite 200
Address

Needham, MA 02494
City/State and Zip Code

mpiccirillo@atlanticretail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Piccirillo at (617) 239-3635
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Atlantic Retail Investment Services, LLC

Page 1 of 3

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	Daniel J. Lynch	1001 N US Highway One	<input checked="" type="checkbox"/> Add
		Suite 600	<input type="checkbox"/> Remove
		Jupiter, FL 33477	
MGR	Michael S. Zimmerman	203 Edgewater Circle	<input type="checkbox"/> Add
		Chapel Hill, NC 27516	<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


FILED
14 SEP 18 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 September 16, 2014



Signature of a member or authorized representative of a member
Michael J. Piccirilli
Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

FILED
14 SEP 18 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA