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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## **COVER LETTER**

TO: Registration Section
SUBJECT: Atlantic Retail Investment Services, UC 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 Piccivillo Name of Person
Atlantic Retail Properties
360 First Avenue Suite 200
Needham, MA 02494 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Piccivillo at (117) 239-3635  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Bound \$\Bigcup \$55.00 Filing Fee & Bound \$\Bigcup \$60.00 Filing Fee, Certified Copy 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

Htlantic Retail Investment	Services, LLC	
( <u>Name of the Limited Liability Company as</u> (A Florida Limited Liabilit	<u>t now appears on our records.)</u> y Company)	
The Articles of Organization for this Limited Liability Company were Florida document number <u>L 14000   32037</u> .	filed on 8/22)14 and assi	gned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of	ompany here:	
The new name must be distinguishable and end with the words "Limited Liability C	ompany," the designation "LLC" or the abbreviation "L	L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<del></del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<del></del>
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the name o	of the new
Name of New Registered Agent:		
New Registered Office Address:	7	
New Registered Office Address.	Enter Florida street address	
	, Florida Zio Code	d p ama
New Registered Agent's Signature, if changing Registered Agent:	"" SSECTION OF THE CONTROL OF THE C	Sandani.
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete performance accept the obligations of my position as registered agent as provide being filed to merely reflect a change in the registered office addr	ormance of my duties, and I am familiar will ded for in Chapter 605, F.S. Or, if this do an	n and ••• ment is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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

MGR = Manager

AMBR = Authorized Member Title Name Address Type of Action Daniel J. Lynch 1001 N US Highway One Add AMBR Suite 6000 \_\_\_ Remove Jupiter, FL 33477 MGR Michael S. Zimmerman 203 Edgewater Circle DAdd Chapel Hill, NC 27516 DRemove ☐ Remove □ Add \_□ Remove □ Remove

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	<del>-</del>				
date this d	ocument is filed by the	e Florida Departm	ent of State)		(optional) more than 90 days after
ed	September	10	. 2014	~ <i></i>	

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Filing Fee: \$25.00

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