

M11000004843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

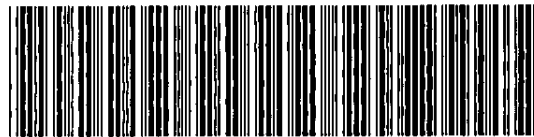
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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08/03/12--01028--013 **25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 AUG -3 PM 1:41

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2012 Aug -3 AM 9:36

C. LEWIS

Oct 8 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 6, 2012

CORPDIRECT AGENTS, INC.
ATTN: KIM WEIDENBACH

SUBJECT: SHELMAR RETAIL PARTNERS LLC
Ref. Number: M11000004843

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE
8/3/12

NOT ATTACHED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

2012 OCT -5 PM 1:35

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

We have received your document for SHELMAR RETAIL PARTNERS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P03000134781.

If you have any further questions concerning your document, please call (850) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 312A00020333



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Division of Corporations

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CORP DIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: Kim Weidenbach

DATE: 08/03/12

REF. #: 002120.170699

CORP. NAME: SHELMAR RETAIL PARTNERS LLC changing its name to: CITY GEAR, LLC

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input checked="" type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 100409 FOR \$ 25.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: Shelmar Retail Partners LLC

2. Jurisdiction of its organization: Tennessee

M11000004843

3. Date authorized to do business in Florida: 09/27/2011

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? _____

5. New name of the limited liability company: City Gear, LLC

(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

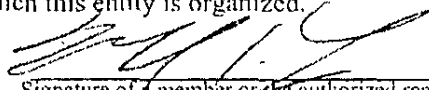
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration: _____

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____

8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: _____

9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of a member or the authorized representative of a member

Michael E. Longo, President and member

Typed or printed name of signee

Filing Fee: \$25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2012 Aug. 3 AM 9:36



STATE OF TENNESSEE
Tre Hargett, Secretary of State
Division of Business Services
William R. Snodgrass Tower
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

CFS
SUITE B
992 DAVIDSON DRIVE
NASHVILLE, TN 37205

Request Type: Certified Copies
Request #: 72531

Issuance Date: 07/27/2012
Copies Requested: 1

Document Receipt

Receipt #: 799654

Filing Fee: \$20.00

Payment-Account - CFS, NASHVILLE, TN

\$20.00

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that City Gear, LLC, Control # 525322 was formed or qualified to do business in the State of Tennessee on 07/18/2006. City Gear, LLC has a home jurisdiction of TENNESSEE and is currently in an Active status.


Tre Hargett
Secretary of State

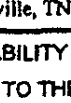
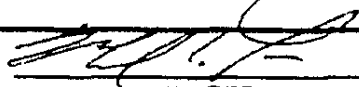
Processed By: Nichole Hambrick

The attached document(s) was/were filed in this office on the date(s) indicated below:

Reference #
7068-2952

Date Filed
06/27/2012

Filing Description
Articles of Amendment

<div style="text-align: center;"> <h1 style="margin: 0;">State of Tennessee</h1>  <p>Department of State Corporate Filings 312 Eighth Avenue North 6th Floor, William R. Snodgrass Tower Nashville, TN 37243</p> </div>	For Office Use Only
<h2 style="margin: 0;">ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION (LLC)</h2>	
LIMITED LIABILITY COMPANY CONTROL NUMBER (IF KNOWN) <u>000525322</u>	
PURSUANT TO THE PROVISIONS OF §48-209-104 OF THE TENNESSEE LIMITED LIABILITY COMPANY ACT OR §48-249-204 OF THE TENNESSEE REVISED LIMITED LIABILITY COMPANY ACT, THE UNDERSIGNED ADOPTS THE FOLLOWING ARTICLES OF AMENDMENT TO ITS ARTICLES OF ORGANIZATION:	
PLEASE MARK THE BLOCK THAT APPLIES: <input checked="" type="checkbox"/> AMENDMENT IS TO BE EFFECTIVE WHEN FILED BY THE SECRETARY OF STATE. <input type="checkbox"/> AMENDMENT IS TO BE EFFECTIVE _____, _____ (DATE) _____ (TIME). (NOT TO BE LATER THAN THE 90TH DAY AFTER THE DATE THIS DOCUMENT IS FILED.) IF NEITHER BLOCK IS CHECKED, THE AMENDMENT WILL BE EFFECTIVE AT THE TIME OF FILING.	
1. PLEASE INSERT THE NAME OF THE LIMITED LIABILITY COMPANY AS IT APPEARS ON RECORD: <u>Shelmar Retail Partners LLC</u> IF CHANGING THE NAME, INSERT THE NEW NAME ON THE LINE BELOW: <u>City Gear, LLC</u>	
2. PLEASE INSERT ANY CHANGES THAT APPLY: A. PRINCIPAL ADDRESS: _____ <div style="text-align: center; margin-top: -10px;">STREET ADDRESS</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> CITY _____ STATE/COUNTY _____ ZIP CODE _____ </div> B. REGISTERED AGENT: _____ C. REGISTERED ADDRESS: _____ <div style="text-align: center; margin-top: -10px;">STREET</div> <div style="text-align: center; margin-top: -10px;">TN</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> CITY _____ STATE _____ ZIP CODE _____ COUNTY _____ </div> D. OTHER CHANGES: _____	
3. THE AMENDMENT WAS DULY ADOPTED ON <u>June</u> <u>27</u> <u>2012</u> <div style="display: flex; justify-content: space-around; margin-top: -10px;"> MONTH DAY YEAR </div> <p style="font-size: small;">(If the amendment is filed pursuant to the provision of §48-209-104 of the TN LLC Act, please also complete the following by checking one of the two boxes:) AND THE AMENDMENT WAS DULY ADOPTED BY THE <input checked="" type="checkbox"/> BOARD OF GOVERNORS WITHOUT MEMBER APPROVAL AS SUCH WAS NOT REQUIRED <input type="checkbox"/> MEMBERS</p>	
<u>President</u> SIGNER'S CAPACITY	 SIGNATURE <u>Michael E. Longo</u> NAME OF SIGNER (TYPED OR PRINTED)