

m16000008476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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S Warren

JAN 06 2017

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 448780 7186304  
AUTHORIZATION :   
COST LIMIT : \$25.00

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ORDER DATE : January 4, 2017  
ORDER TIME : 8:38 AM  
ORDER NO. : 448780-035  
CUSTOMER NO: 7186304

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FOREIGN FILINGS

NAME: AMAZON RETAIL LLC

CORPORATE  
 LIMITED PARTNERSHIP  
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
 PLAIN STAMPED COPY  
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Amazon Retail LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kristin Becker, Global Subsidiaries

Name of Person

Amazon Corporate LLC

Firm/Company

410 Terry Ave. North

Address

Seattle, WA 98109-5210

City/State and Zip Code

global-subsidiaries@amazon.com

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

For further information concerning this matter, please call:

Kristin Becker, Global Subsidiaries at ( 206 ) 266-1000

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee       \$30 Filing Fee & Certificate of Status       \$55 Filing Fee & Certified Copy       \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of  
State: Amazon Retail LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address  
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address  
MAY BE A POST OFFICE BOX)

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2. The Florida document number of this limited liability company is: M1600008476

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 10.25.2016

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "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 contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida Street Address

\_\_\_\_\_, Florida \_\_\_\_\_

City

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

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

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	<u>Scott Farrington</u>	<u>410 Terry Ave. North</u>	<input type="checkbox"/> Add
		<u>Seattle, WA 98109-5210</u>	<input checked="" type="checkbox"/> Remove
Manager	<u>Sean Patterson</u>	<u>410 Terry Ave. North</u>	<input type="checkbox"/> Add
		<u>Seattle, WA 98109-5210</u>	<input checked="" type="checkbox"/> Remove
Manager	<u>Jennifer Cast</u>	<u>410 Terry Ave. North</u>	<input checked="" type="checkbox"/> Add
		<u>Seattle, WA 98109-5210</u>	<input type="checkbox"/> Remove
Manager	<u>Kelly Jo MacArthur</u>	<u>410 Terry Ave. North</u>	<input checked="" type="checkbox"/> Add
		<u>Seattle, WA 98109-5210</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: 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 the authorized representative

Michael Deal, Manager

Typed or printed name of signee

Filing Fee: \$25.00

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