

L12000078093 ✓

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

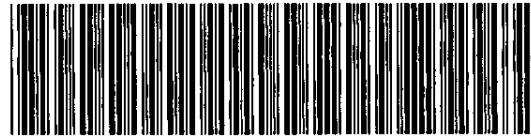
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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TALLAHASSEE, FLORIDA

B. BOSTICK

JAN - 2 2013

EXAMINER

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **Retail 135, 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:

**Myron Rosner**

Name of Person

**Retail 135, LLC**

Firm/Company

**1121 NE 178th terrace**

Address

**North Miami Beach, Florida 33162**

City/State and Zip Code

**sizinc@comcast.net**

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

For further information concerning this matter, please call:

**Myron Rosner**

Name of Person

at **(305) 652-2905**

Area Code & Daytime Telephone Number

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Enclosed is a check for the following amount:

- |                                                        |                                                                        |                                                                                                  |                                                                                                                            |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 135, 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 06/06/2012 and assigned  
Florida document number L12000078093.

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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

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**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: Myron Rosner

New Registered Office Address: 1121 NE 178th Terrace  
*Enter Florida street address*

North Miami Beach, Florida 33162  
*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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

| <u>Title</u> | <u>Name</u>  | <u>Address</u>        | <u>Type of Action</u>                      |
|--------------|--------------|-----------------------|--------------------------------------------|
| MGR          | Sarah Zabel  | 1121 NE 178th Terrace | <input type="checkbox"/> Add               |
|              |              | North Miami Beach, FL | <input checked="" type="checkbox"/> Remove |
|              |              | 33162                 |                                            |
| MGR          | Myron Rosner | 1121 NE 178th Terrace | <input checked="" type="checkbox"/> Add    |
|              |              | North Miami Beach, FL | <input type="checkbox"/> Remove            |
|              |              | 33162                 |                                            |
|              |              |                       | <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            |

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

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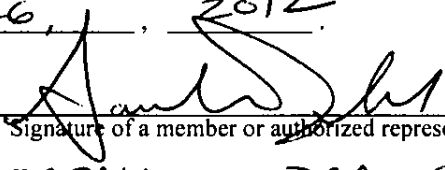
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Dated Dec 26, 2012

  
Signature of a member or authorized representative of a member

SARAH ZABEL  
Typed or printed name of signee

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Filing Fee: \$25.00

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