

L10000016301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

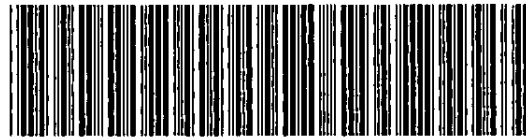
(Business Entity Name)

(Document Number)

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FILED
12 MAY 25 PM 12: 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
MAY 29 2012
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CASH FOR GOLD JEWELERS 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:

NICOLE J. HUESMANN
Name of Person
NICOLE J. HUESMANN, P.A.
Firm/Company
150 ALHAMBRA CIRCLE, SUITE 1150
Address
CORAL GABLES, FLORIDA 33134
City/State and Zip Code
njhuesmann@olsrhh.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NICOLE J. HUESMANN at (**305**) **858-0220**
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

12 MAY 25 PM 12: 12

CASH FOR GOLD JEWELERS LLC SECRETARY OF STATE
(Name of the Limited Liability Company as it now appears on our records) TALLAHASSEE, FLORIDA
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 2/11/2010 and assigned
Florida document number L10000016301.

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)

14390 BISCAYNE BOULEVARD
NORTH MIAMI BEACH, FL 33181

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

14390 BISCAYNE BOULEVARD
NORTH MIAMI BEACH, FL 33181

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: _____

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 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	STEPHEN PARIS	1800 N.E. 114 STREET SUITE 907 NORTH MIAMI, FL 33181	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	ALEX LICHTMAN	14390 BISCAYNE BOULEVARD NORTH MIAMI BEACH, FL 33181	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	BOB GORDON	11600 NW 20TH COURT PLANTATION, FL 33323	<input checked="" 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

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

FILED
 12 MAY 25 PM 12:12
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Dated MAY 23, 2012



Signature of a member or authorized representative of a member

ALAN RICHARDSON

Typed or printed name of signee