

L07000125993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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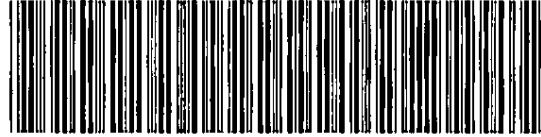
(Business Entity Name)

(Document Number)

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2019 AUG 13 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FL

AUG 19 2019

C Kinsey

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: KEY WEST LIQUID & PAWN 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:

RICK IGO

Name of Person

KEY WEST LIQUID & PAWN LLC

Firm/Company

1970 N ROOSEVELT BLVD

Address

KEY WEST, FLORIDA 33040

City/State and Zip Code

igo2xs@comcast.net

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

For further information concerning this matter, please call:

RICK IGO

612

581-3636

at ()

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**

KEY WEST LIQUID 8 PAWN 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 12/20/2007 and assigned
Florida document number L07000125993.

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 contain the words "Limited Liability Company," the designation "L.L.C." 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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SECRETARY OF STATE
TALLAHASSEE, FL

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:

RICK IGO

New Registered Office Address:

1970 N ROOSEVELT BLVD

Enter Florida street address

KEY WEST

City

Florida 33040

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DR. JAN G. ROBBINS	1970 N ROOSEVELT BLVD	<input type="checkbox"/> Add
		KEY WEST, FLORIDA 33040	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RICK IGO	1970 N ROOSEVELT BLVD	<input checked="" type="checkbox"/> Add
		KEY WEST, FLORIDA 33040	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 8.9.19 _____
[Signature]

 Signature of a member or authorized representative of a member

Typed or printed name of signee