| (Re                     | questor's Name)  |             |
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| (Cit                    | y/State/Zip/Phon | Θ #)        |
| , PICK-UP               | ☐ WAIT           | MAIL        |
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| (Bu                     | siness Entity Na | me)         |
|                         |                  |             |
| (Do                     | cument Number    | , .         |
| Certified Copies        | Certificate      | s of Status |
|                         | _                |             |
| Special Instructions to | Filing Officer:  |             |
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Office Use Only

G. MCLEOD

MAY 26 2009

**EXAMINER** 



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05/22/09--01012--005 \*\*25.00

09 MAY 22 PM 2: 08

## **COVER LETTER**

| TO: Registration Section Division of Corporations  |
|--|
| SUBJECT: You Got it Paux and Jewelry, 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:  |
| Maribel Bautista   |
| You Got it Pawn and Jewelry  |
| 2028 Briancliff Circle   |
| Mount Dora FL 32757  City/State and Zip Code  Mbilulu @ Uahoo. Com   |
| E-mail address; to be used for future annual report notification)  |
| For further information concerning this matter, please call:   |
| Aric Claytor at (321) 746-7839  Area Code & Daytime Telephone Number   |
| Enclosed is a check for the following amount:  |
| \$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee \$\ \text{Certified Copy} \text{(additional copy is enclosed)}\$\$ \$60.00 Filing Fee, \$\text{Certified Copy} \text{(additional copy is enclosed)}\$\$ \$Certified Copy \text{(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

| You Got it Po  | rwn and Je   | welm, LLC                             |              |  |
|--|--|---------------------------------------|--------------|--|
| (Name of the Limited Liability) (A Florida L                           | Company as it now appears on imited Liability Company) | our records.                          |              |  |
| The Articles of Organization for this Limited Liability Co             | 11   | 07 08 and ass                         | iigned       |  |
| Torial document manior - 1000-   | .es'   |                                       |              |  |
| This amendment is submitted to amend the following:                    |  |                                       |              |  |
| A. If amending name, enter the new name of the limit                   | ted liability company here:                            |                                       |              |  |
| JWI Shoes an   | d More LL  | <u> </u>                              |              |  |
| The new name must be distinguishable and end with the word<br>"L.L.C." |  | <del>-</del> •                        | abbreviation |  |
| Li,Li,C,   | 20 MB 5/20   | 09                                    | NG N         |  |
| Enter new principal offices address, if applicable:                    |  | 99                                    | - <u>35</u>  |  |
| (Principal office address MUST BE A STREET ADDRI                       | ESS)   |                                       | 웃윤           |  |
|  |  | 12                                    | 95.          |  |
|  | ,  |                                       | 592-17       |  |
| E-ton non-mailion adduser if a - Backler                               |  | P                                     |              |  |
| Enter new mailing address, if applicable:                              |  | · · · · · · · · · · · · · · · · · · · |              |  |
| (Mailing address MAY BE A POST OFFICE BOX)                             |  | <u> </u>                              |              |  |
|  |  |                                       | <u> </u>     |  |
|  |  |                                       |              |  |
| B. If amending the registered agent and/or registered                  |  | ecords, enter the name o              | f the new    |  |
| registered agent and/or the new registered office addr                 | ess nere:  |                                       |              |  |
|  |  |                                       |              |  |
| Name of New Registered Agent:  |  |                                       |              |  |
| New Registered Office Address:   |  |                                       |              |  |
|  | Enter Fi   | lorida street address                 |              |  |
|  | . Florida  |                                       |              |  |
| <del></del>  | 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>Address</u> Name **Type of Action** Aric Clayton : MGR Remove Add Remove Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2000 Signature of a member of authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00