L08000167186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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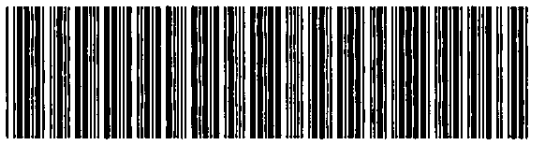

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10/03/14--01018--008 **25.00

FILED
14 NOV 18 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

617
627

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 9, 2014

WILLIAM AMERMAN
8081 32ND AVE N
ST PETERSBURG, FL 33710

SUBJECT: A. PAWN WEST, LLC
Ref. Number: L08000107186

We have received your document for A. PAWN WEST, LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 914A00021638

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: A. Pawn West, 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:

William Amerman
Name of Person

Firm/Company

8081 32nd ave N
Address

St. Petersburg, fl 33710
City/State and Zip Code

wdamerman@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Amerman at (727) 215-7225
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

A. Pawn West, 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 11/18/2008 and assigned Florida document number L08000107186.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Wink Amerman, LLC

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)

8081 32nd Ave N St. Petersburg, fl 33710

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

8081 32nd Ave N St. Petersburg, Fl 33710

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:

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08 NOV 18 PM 5:00
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TALLAHASSEE, FLORIDA

Name of New Registered Agent: William Amerman

New Registered Office Address: 8081 32nd Ave N
Enter Florida street address

St. Petersburg, **Florida** 33710
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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
VC	Chris A Midulla	6628 Central Ave	☐ Add
		St. Petersburg, fl 33707	■ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
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			☐ Add
			☐ Remove

14 NOV 18 PM 5:00

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

E. Effective date, if other than the date of filing: 11/17/2014 **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 11/12, 2014.

Signature of a member or authorized representative of a member

William Amerman

Typed or printed name of signee

Filing Fee: $25.00

FILED
14 NOV 18 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORID