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SECRETARY OF STATE TALLAHASSEE, FLORIDA

09 DEC 14 PM 2: 0



Michael J. Rich, P.A.

Attorney at Lawalso licensed in Ohio

December 10, 2009

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: KC Pawn LLC

Dear Sir/madame:

Please find enclosed the documents amending the information for KC Pawn, LLC and a check in the amount of \$25.00.

-If you have any further questions, please contact my office.

Sincerely

Michael Y. Rich, Esq.

Enclosure.

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: KC PAWN LLC Name of Limited Liability Company	SECRETARY OF STATE TALLAHASSEE, FLORIT
The enclosed Articles of Amendment and fee(s) are submitted for filing.	TARY OF STATE ASSEE, FLORID
Please return all correspondence concerning this matter to the following:	: 06 FATE DRIDA
CHARITE POYNTER Name of Person	_
KC PAWN LLC Firm/Company	-
80-A PONDERIA ROAD Address	-
North Foot Myens FL3. City/State and Zip Code	<u>3</u> 90 <u>3</u>
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Chaelie Poynten at (235) 246-0340 Name of Person Area Code & Daytime Telephone Number	er
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certific	filing Fee, cate of Status & ed Copy onal 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

KC PAWN,	1.66	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our ability Company)	records.)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L08006 114095</u>	were filed on $\frac{12/1}{}$	5/08 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	745 28
The new name must be distinguishable and end with the words "Limite" L.L.C."	ed Liability Company," the	designation #4.0" of the abbreviation
Enter new principal offices address, if applicable:		SRY F
(Principal office address MUST BE A STREET ADDRESS)		PH 2: 06 OF STATE E. FLORIDA
Enter new mailing address, if applicable:		A 01
(Mailing address MAY BE A POST OFFICE BOX)	·	
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here		ords, <u>enter the name of the new</u>
Name of New Registered Agent:		······································
New Registered Office Address:	Enter Flor	ida sıreet 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>	Name	Address	Type of Action
<u>M6 RM</u>	CHARLE PagniE	L 80 PONDELLA Rel UNITA DEMOJ 33903 DU	Add Remove
MGRM	KENNETH KSANDS	BU-PONDEZLA RUAD UNITA NORTH FORT MYENS FL 33503	Add ★ Remove
			Add Remove
		07 + 1330	THE TOUR !
		00.5	rr R Roove
D. If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)	Remove
			
			_
Dated	13	MANAGING MEMBER / Member	enneth K. Sarla
	CHARLIE PO	authorized representative of a member KENNETH printed name of signee	

Page 2 of 2

Filing Fee: \$25.00