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(C	ity/State/Zip/Phone	· #)
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COVER LETTER

то:	Registration Se Division of Cor			•
		OF PAWN & JEWELRY LLC	•	
SUBJE	CT:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Roger Huaman		
			Name of Person	
		Fire Proof Pawn & Jewelr	y LI.C	
			Firm/Company	
		3336-3340 S OBT		
			Address	
		Kissimmee FL 34746		
			City/State and Zip Code	
		sondor31@msn.com		
For furth	er information c	n-mail address: (to be used for future annual report notifiall:	eation)
Roger H	luaman		407 891-3805	
	Name o	f Person	at ()	Telephone Number
Enclosed	l is a check for th	ne 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, Ft. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Company as it now appears on our records imited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 12/30/2011 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 "LLC" or the abbreviation "LLC." 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) 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

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.

City

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>	Address	Type of Action
MGR	FLOR G. SHAH	7121 Indian Grass Rd St Cloud FL	_ Add
		34773	□ Remove
			Change
			□ Add
			Remove
		***	☐ Change
			🗆 Add
			☐ Remove
			Change
****	47-4		
			□ Remove
			Change
			□ Remove
			☐ Change
			□ Remove
			□ Change

Note:	tive date, if other than the date of filing:
If the re (b) The	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	MAY 01 2015
	Ø
	Signature of a member or authorized representative of a member
	ROBER HUAMAN

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Typed or printed name of signee

Filing Fee: \$25.00