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SECRETARY OF STATE
FALL-SHASSEE FLORIDA

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COVER LETTER

TO:					
CIID IE				;	
SUBJE	LCI:			nited Liability Company	
The end	closed	Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please 1	return	all correspon	idence concerning this matter	to the following:	
			ROGER HUAMAN		
	Division of Corporations FIRE PROOF PAWN & 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:				
			3336-3340 S OBT		
The enclosed For further Roger Hu				Address	
			Kissimmee FL 34746		
				City/State and Zip Code	
			=		
			E-mail address: (to be used for future annual report notif	ication)
For furt	her in	formation co	ncerning this matter, please ca	all:	
Roger I	Huama	n		407 873-1214 at ()	
		Name of	Person	Area Code Daytime	Telephone Number
Enclose	d is a	check for the	following amount:		
\$25	.00 Fi	ling Fee		Certified Copy	Certificate of Status & Certified Copy

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

FIRE PROOF PAWN & JEWELRY 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 3/13/2009 and assigned Florida document number L09000025037 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FIRE PROOF PAWN & STORAGE LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 340 E 13st St Cloud FL 34769 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 City

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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Roger-Huaman		<i>y y</i> v	

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Filing Fee: \$25.00