# L1000117557

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**EXAMINER** 



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## **COVER LETTER**

то:	Registration Section  Division of Corporations
SUBJE	Name of Limited Liability Company
The end	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	HILDA GARCIA-MOORE  Name of Person  PANNS EXPRESS. INVERNATIONAL LLC  Firm/Company  Address  St. Choup, Florida 34772  City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
H)	Name of Person at (407) 30/-806/ Area Code & Daytime Telephone Number
Enclose	d is a check for the following amount:
<b>□</b> \$25.0	00 Filing Fee \$\ S30.00 Filing Fee &

### 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

Pawn E	X Press	Internat	inal I	= LLC	
( <u>Name of the Limite</u>	d Liability Comp A Florida Limited	any as it now appears Liability Company)	on our records.)	<del></del>	
		E'	November		,
The Articles of Organization for this Limited I	Liability Compan	y were filed on 🚣	CUARY	and assigned	
Florida document number	<del>2111755</del>	4		DIV.S	
LIUUOOII	7557	•		2 J	
This amendment is submitted to amend the fol	lowing:			老器	
A. If amending name, enter the new name	of the limited lia	bility company here	: <b>:</b>	S CAR	,
7				OR PORT	
The new name must be distinguishable and end w "L.L.C."	ith the words "Lin	nited Liability Compan	y," the designation	'LLC" or the libbre at	ion
Enter new principal offices address, if appli	cable:	<del></del>			_
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>	<u></u>			_
			<del> </del>		_
		·			
Enter new mailing address, if applicable:					_
(Mailing address MAY BE A POST OFFICE	BOX)				_
B. If amending the registered agent and registered agent and/or the new registered of			ır records, <u>enter</u>	the name of the n	<u>ew</u>
	1).1.	·	Marr	<b>\</b> ^	
Name of New Registered Agent:	Hilda	a Garcia	noe Cr		_
New Registered Office Address:	2900				_
	Sant	Cland	er Florida street aa Florida	1dress 34722	
		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.

/s/ HILDA GARCIA-MOORE

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 Add ☐ Remove ☐ Add ☐ Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) bu sinces Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00