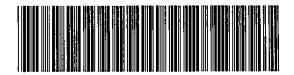
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SEGRETARY OF STATE

J. SAULSBERRY EXAMINER OCT 10 2011

## **COVER LETTER**

TO:

TO:	Registration S Division of Co			
SUBJE	CCT:	Capstone Jew	elry & Pawn Shop, LLC	
	<u></u>		ited Liability Company	
The end	closed Articles o	of Amendment and fee(s) are su	bmitted for filing.	
Please	return all corres	pondence concerning this matte	r to the following:	
			William H. Mitchem	
			Name of Person	
			Beggs & Lane, RLLP	
			Firm/Company	
			01 Commendencia St.	<del></del>
			Address	
		P	ensacola, Florida 32502	HIL 2011 OCT -7 SECRETARY FALL AHASSE
			City/State and Zip Code	ARE CI
		E-mail address:	vhm@beggslane.com (to be used for future annual report notification)	-7 ARY OF
For fur	ther information	concerning this matter, please	call:	HILLE DE CONTROL OCT -7 AM 8: 51  RETARY OF STATE AHASSEE, FLORID
	Will	iam H. Mitchem	at ( 850 ) 432-2451	FIED PRIDE
	Name	of Person	Area Code & Daytime Telephone	Number
Enclose	ed is a check for	the following amount:		
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed)	00 Filing Fee, ertificate of Status & ertified Copy Iditional copy is enclosed)
	Regi: Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, FL 32314	STREET/COURIER ADDRE Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	:SS:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Janualari O. Danua Cha

(Name of the Limited Liability (A Florida Li	Company as it now apper imited Liability Company	ears on our records.		
The Articles of Organization for this Limited Liability Co			111 and a	ssigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company h	<u>ere</u> :		
Money 1st Je	ewelry and Pawn, Li	_C		
The new name must be distinguishable and end with the word "L.L.C."	ls "Limited Liability Com	pany," the designation	"LLC" or the	abbreviation
"L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRI	<u></u>	c	SECRETAR TALLIAHASS	1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			Y OF STA	1
B. If amending the registered agent and/or registered agent and/or the new registered office addronance.  Name of New Registered Agent:		our records, enter	the name	of the new
Name of New Registered Agent.				
New Registered Office Address:	1	Enter Elevide at a	1.1	
	Enter Florida street address			
		, Florida _		
	City		Zip Co	te

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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member heing added or removed from our records</u>:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address .	Type of Action
			Add Remove
	·		Add Remove
			SECRETIAN Remove
			OF STAND
D. If amen	nding any other information, er	iter change(s) here: (Attach additional sheets	<b>©</b>
_			* S
<del></del>		·	100 H
Dated	October 5		7 AM CT 80 CT
	Signature o	f a member or authorized representative of a mem	nber 🕳
		William H. Mitchem Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00