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2012 APR -9 PN 1: 34
SECRETARY OF STATE
ASECRATASSEE, FLORIDA

J. BRYAN

APR 1 0 2012

EXAMINER

TRANSMITTAL LETTER

BEST QUICK TAX RETURNS, INC 320 S. BUMBY AVE. SUITE 10 ORLANDO,FL 32803

I am enclosing a check of \$ 25 dollars, please send me a stamped copy of the articles.

Thank you

2012 APR -9 PM 1: 34
SECRETARY OF STATE

COVER LETTER

Division of Corporations		
SUBJECT: CASH PAWN, WC.		
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:		
JULANA 60MEZ.		
Firm/Company		
909 ANTELOPE TRAIL.	2012 AI SECR	Π_{i}
WINTER SPRINGS, FL 32708. City/State and Zip Code	2012 APR -9 PH 1: 34 SECRETARY OF STATE TALLAHASSEE, FLORID	FILED
E-mail address: (to be used for future annual report notification)	- 34 ORIGINAL STATE	
For further information concerning this matter, please call:	P	
JULIANA GOMEZ at (407) 492-6653		
Name of Person Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:		
(additional copy is enclosed) Certified (e of Status &	ed)

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

CASH PAWN	, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	hy as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited Liability Company Florida document number LNOO14396.	were filed on 1212	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
The new name must be distinguishable and end with the words "Limi" L.L.C."	ited Liability Company," the d	esignation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		,	
(Principal office address MUST BE A STREET ADDRESS)		7017 SET	
Enter new mailing address, if applicable:		APR -9 P	
(Mailing address MAY BE A POST OFFICE BOX)		The P	
		ORION	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		rds, enter the name of the new	
	<u>-</u> -		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	······································	Florida Zip Code	
	City	zip Coae	

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.

MGR = M MGRM =	Ianager ∙ Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action			
MGR	CARLOS A VELASCO	909 ANTEWPE TRAIL. WINTER SPRINGS, FL 3270	Add Remove			
MGR_	MARTA VELASCO	909 ANTELOFE TRAIL WINTER SPRINGS, FL 32709	Add Remove			
_			Add Remove			
			Add Remove			
		THE STATE OF THE S	Response To			
			Add W Remove			
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)						
-	JULIANA GOMEZ	25 SHAIRES				
	CARLOS A. VELASCO		-			
-	MARTA VELASCO	05 SHARES.				
_						
Dated		<u>12 .</u>				
		or authorized representative of a member				
	Typed o	MGR or printed name of signee				

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:

Page 2 of 2

Filing Fee: \$25.00