

L12 000092628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

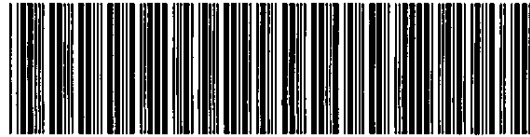
(Business Entity Name)

(Document Number)

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2012 AUG 27 AM 9:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER

AUG 29 2012

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Mike's Gold And Pawn 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:

Michael J. Sparacino

Name of Person

Mike's Gold And Pawn, LLC

Firm/Company

10525 Park Blvd #104

Address

Seminole Florida 33772

City/State and Zip Code

mike@mikesgold.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael J. Sparacino

Name of Person

at ( 631 )

5611640

Area Code & Daytime Telephone Number

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Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**Mike's Gold And Pawn, 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 07/17/2012 and assigned  
Florida document number L12000092628.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

10525 Park Blvd #104

Seminole, Florida 33772

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

10525 Park Blvd #104

Seminole, Florida 33772

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**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:

10525 Park Blvd #104

*Enter Florida street address*

Seminole

, Florida

33772

*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.*

**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**

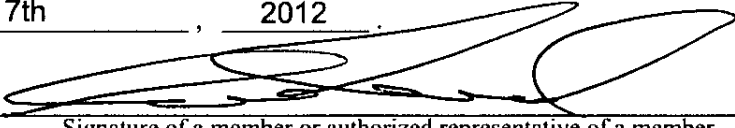
**MGRM = Managing Member**

| <u>Title</u> | <u>Name</u>          | <u>Address</u>                                  | <u>Type of Action</u>  |
|--------------|----------------------|---|--|
| MGR          | Michael J. Sparacino | 10525 Park Blvd #104<br>Seminole, Florida 33772 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                      |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                      |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                      |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                      |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                      |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated August 7th, 2012

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Michael J. Sparacino  
\_\_\_\_\_  
Typed or printed name of signee

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