## L13000086294

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
| ·                                       |
|   |
|   |

Office Use Only



300249260213

07/01/13--01025--009 \*\*25.00

SECRETARY OF STATE TALL AHASSEE, FLORIDA

JUL - 2 2013 J. BRYAN

## **COVER LETTER**

TO: Registration Section
Division of Corporations

MAIN STREET JEWELRY AND LOAN, LLC

SUBJECT:

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:

MARC SCHNOLL, CPA

Name of Person

SEXTON & SCHNOLL, CPAS

Firm/Company

4432 NW 23RD AVE STE. 8

Address

GAINESVILLE FL 32606

City/State and Zip Code

MARC@SEXTONANDSCHNOLL.COM

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

For further information concerning this matter, please call:

MARC SCHNOLL

352 3**36-1001** 

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(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

## MAIN STREET JEWELRY AND LOAN, 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 Liabseller Florida document number <u>L13000086294</u> | ility Company were filed on 06/14/2013 | and assigned                        |
|--|--|-------------------------------------|
| This amendment is submitted to amend the follows  A. If amending name, enter the new name of the     |  |                                     |
| The new name must be distinguishable and end with the "L.L.C."                                       |  | signation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A      |  | SS I                                |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO                  | <u></u>                                | PH 3: 51 PH 3: 51                   |
| B. If amending the registered agent and/or registered agent and/or the new registered offic          | -                                      | ls, enter the name of the new       |
| Name of New Registered Agent:  |  |                                     |
| New Registered Office Address:   | Enter Florida                          | street address                      |
| -  | , F                                    | Tlorida 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> | Address             | Type of Action |
|--------------|-------------|---------------------|----------------|
| MGRM         | CODY WEST   | 137 WALL LAKE TRAIL | Add            |
|              |             | MELROSE FL 32666    | Remove         |
|              |             |                     | _<br>□         |
|              |             | · .                 | _ L Add        |
|              |             |                     | Remove         |
|              | <del></del> | S O E C             |                |
|              |             |                     | S S Semove     |
|              |             |                     | Add            |
|              |             |                     | Remove         |
|              |             | <u> </u>            | _              |
|              |             |                     | _ Add          |
|              |             |                     | Remove         |
|              |             |                     | Add            |
|              |             |                     | Remove         |
|              |             |                     |                |

| -         | g any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|-----------|--|
| •         |  |
|           |  |
|           |  |
|           |  |
|           |  |
|           |  |
| Dated JUN | E 27TH 2013  |
| Dated     | mul  |
|           | Signature of a member or authorized representative of a member                           |
| M         | MARC SCHNOLL, CPA  |
|           | Typed or printed name of signee  |

Page 3 of 3

Filing Fee: \$25.00

2013 JUL -1 PM 3: 51