## L13000 169 383

(Requ	uestor's Name)	<del>-</del>
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phone	<u>#</u>
(City)	State/Lip/Filone	<del>"'</del> )
PICK-UP	☐ WAIT	MAIL
(Busii	ness Entity Name	e)
(Docu	rment Number)	
Certified Copies	Certificates of	of Status
Special Instructions to Fil	ing Officer:	

Office Use Only



200337894452

12/16/19--01007--018 \*\*25.00

2020 JATE 21 AM 9: 16

R WHOT

January 16, 2020

STEVEN L. RACE 1303 N WASHINGTON BLVD #D SARASOTA, FL 34236

SUBJECT: ONCE A PAWN A TIME LLC

Ref. Number: L13000169383

We have received your document for ONCE A PAWN A TIME LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The last page of the document is missing. The last page must be signed and included. Please find enclosed the missing page.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 720A00001217

Rebekah White Regulatory Specialist II Supervisor

www.sunbiz.org

## **COVER LETTER**

TO: Registration Section

Division of Corporations		
SUBJECT: Once A Parin	A line ited Liability Company	
Name of Lim	ited Liaolity Company	
The enclosed Articles of Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Steven	Name of Person	
Once A Pau	Firm/Company	
1303 N U	Cashington Blue #D	
Sansot 1	City/State and Zip Code	
Once a Pawna E-mail address: (i	to be used for future annual report notification)	
For further information concerning this matter, please ca		
Steven L Race	at (941 ) 312·5175	
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 & ☐ \$60.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Once A Fawn A line	1	EH 9: 16
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our reculability Company)	oras.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L</u> /300 <i>0</i> /69383.	were filed on $\frac{12}{0.00}$	6 /20/3 and assigned
Florida document number <u>L/3000/0/383</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil		
Enter new principal offices address, if applicable:	Once A Paum	A Time LCC.
(Principal office address MUST BE A STREET ADDRESS)	1303 N Was	hington Block#D
	Sanasofa, Fi	. 34236
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>ent</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	Iress
	-	Florida
	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 605, 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Julia Race	7732 377LS+ E	□Add
		7732 3771St E Sarasota, FT. 34243	Remove
			□ Change
			🗀 Add
		<del></del>	□Remove
			□Change
		□Add	
		□Remove	
		□ Change	
		□Add	
		🗖 Remove	
		Change	
		🗀 Add	
		□Remove	
		🗆 Change	
		<u></u>	□ Add
			□Remove
			□Change

<i>2</i> , 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
-	
-	<del></del>
-	
_	
_	
_	
-	
-	
-	
_	
_	
-	
(If an effi <u>Note:</u>	ve date, if other than the date of filing:
If the record record is fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated <sub>.</sub>	1/16/2020
	Signature of a member or authorized representative of a member
	Steven L. Race Typed or printed name of signee
	Typed or printed name of signee

Filing Fee: \$25.00

RECEIVED

JAN 21 2020