L14000005837

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
ICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
es Certificates of Status
uctions to Filing Officer:

Office Use Only



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SIVISION OF PARTY OF STATE

LNC DC 1/17/20

stration Section sion of Corporations

Downtown	Pawn LLC		
	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
all correspo	ondence concerning this matter	to the following:	
	Arthur Mikirtychev		
		Name of Person	
	Downtown Pawn LLc		
		Firm/Company	
	207 NW 7TH ave		
		Address	
	Fort Lauderdale Florida-33	3311	
		City/State and Zip Code	
	kingspawnflusa@gmail.com	n to be used for future annual report notifi	cation)
formation a	concerning this matter, please co		canony
	concerning this matter, prease co		
ychev ———		754 224-5777 au ()	
Name e	of Person	Area Code Daytime	Telephone Number
check for th	he following amount:		20
ling Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
. Box 632	Section Corporations	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee : Street, Suite 810

TO ARTICLES OF ORGANIZATION OF

Downtown Pawn LLC			
(Name of the Limited Liability Compa (A Florida Limited l	iny as it now appears on our Liability Company)	records.)	
f Organization for this Limited Liability Company ent number L14000005837	were filed on $\frac{01/10/2014}{}$		and assigned
ent is submitted to amend the following:			
ng name, <u>enter the new name of the limited liab</u>	ility company here:		
E. ED & AR USA LLC. ust be distinguishable and contain the words "Limited Liabi	lity Company " the decimation	"I I C" or the ob	braviation "L.I.C."
ust be distinguistable and contain the words. Emined Elab		r and or me at	oreviation (L.E.C.
incipal offices address, if applicable:	207 NW 7TH AVE	E. 33311	
ce address MUST BE A STREET ADDRESS)	FORT LAUDERDALE	FL-33311	
			02
ailing address, if applicable:	kingspawnflusa@gmail.c	com	JAN OF THE
ess MAY BE A POST OFFICE BOX)			200 300 300
ng the registered agent and/or registered office a the new registered office address here:	address on our records,	enter the nam	e of the new registered
e of New Registered Agent:			
Registered Office Address:	Enter Florida street	address	
		Florida	
	City	Florida	Zip Code
d Agent's Signature, if changing Registered Agent:			
pt the appointment as registered agent and agr	• •		ree to comply with the amiliar with and

If Changing Registered Agent, Signature of New Registered Agent

l from our records:

lanæger Authorized Member

Name	Address	Type of Action
		□Add
		□Remove
		□ Change
		□Add
		□Remove
		□Change
		□Remove
		· Change
		□Add
		□Remove
		□Change
		□ Remove
		□Change
		□Add
		□Remove
		□Change

g apy other information,	enter change(s) her	e: (Attach additio	nal sheets, if neces.	sary.)
				<u> </u>
			-	
	<u> </u>			
				
				
te, if other than the date late is listed, the date must be sp date inserted in this block d effective date on the Departi	pecific and cannot be prior oes not meet the applic	able statutory filing	(option re than 90 days after fi requirements, this c	ling.) Pursuant to 605.0207
ifies a delayed effective date	, but not an effective ti	ime, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after the
-2019	·			
Signa	HIRIPLY	orised representative of	of a member	
ARTHUR	MIKIRTY	CHEV		

Ellin E. ... Car Of