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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	ne #)
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AND SHARRED FIORIDA

JUL - 7 2014

T. BROWN

COVER LETTER

TO:

Registration Section
Division of Corporations

7th AVE CONVENIENCE STORE

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:

JIMMY JOSEPH		
Name of Person		
Firm/Company		
1604 NW 7 AVE		
Address		
MIAMI, FL 33136		
City/State and Zip Code		
7THAVECS@GMAIL.COM		

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

For further information concerning this matter, please call:

JIMMY JOSEPH

_{at} 786,

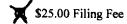
285-9482

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



■ \$30.00 Filing Fee & Certificate of Status

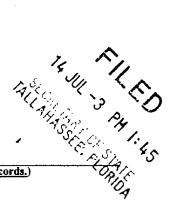
□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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



7TH AVE CONVENIENCE STORE

(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 Compa	ny were filed on _	04/03/2014	and assigned
Florida document number L14000054900			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li-	ability company	here:	
The new name must be distinguishable and end with the words "Limited L	iability Company," t	he designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		on our records, <u>enter</u>	the name of the nev
Name of New Registered Agent:		····	
New Registered Office Address:			
	Enter F	lorida street address	
	City	, Florida	Zip Code
	Cny		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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
P	DOWNTOWN PAWN SHOP, LLC	1528 NW 7TH AVE	
		MIAMI, FL 33136	■ Remove
MGR	DOWNTOWN PAWN SHOP, LLC	1528 NW 7TH AVE	
		MIAMI, FL 33136	Remove
			Remove
			Add
			Remove
_			□ Remove
			□ Remove

D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	Effective date, if other than the date of filing:
	Dated
	Signature of a member or authorized representative of a member
	JIMMY JOSEPH
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00