

L14000097709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

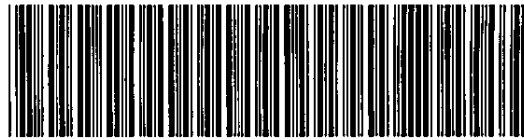
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

AUG 28 2014
A. LUNT

Office Use Only



400261626814

07/10/14--01009--025 **52.50

08/29/14--01001--016 **2.50

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2014 AUG 28 PM 3:55
CLERK OF SUPERIOR COURT
MONTANA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 11, 2014

JEREMY LEDGER
3644 SOUTH SUNCOAST BLVD.
HOMOSASSA, FL 34448

SUBJECT: NATURE COAST PAWN LLC
Ref. Number: L14000097709

We have received your document for NATURE COAST PAWN LLC and your check(s) totaling \$55.00. However, the document has not been filed and is being retained in this office for the following:

We have \$52.50 which was submitted with the original filing.

We are returning your check for \$55.00 to be replaced by one in the correct amount of \$2.50.

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) 245-6051.

Agnes Lunt
Regulatory Specialist II

Letter Number: 714A00017162



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 31, 2014

JEREMY LEDGER
3644 SOUTH SUNCOAST BLVD.
HOMOSASSA, FL 34448

SUBJECT: NATURE COAST PAWN LLC
Ref. Number: L14000097709

We have received your document for NATURE COAST PAWN LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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) 245-6051.

Agnes Lunt
Regulatory Specialist II

Letter Number: 414A00016443

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Nature Coast Pawn
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:

Jeremy Ledger
Name of Person

Nature Coast Pawn
Firm/Company

3640 South Suncoast Blvd.
Address

Homosassa, FL 34449
City/State and Zip Code

jaldmd@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeremy Ledger at (813) 391-6175
Name of Person Area Code Daytime Telephone Number

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TALLAHASSEE, FL 32301

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**

Nature Coast 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 6/18/2014 and assigned Florida document number L14000097709.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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HALL COUNTY CLERK
TALLAHASSEE, FLORIDA

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:

N/A

New Registered Office Address:

Enter Florida street address

City, Florida

Zip Code

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

Title	Name	Address	Type of Action
<u>S</u>	<u>Jeremy Ledger</u>	<u>3644 3644 South Suncoast Blvd Homosassa, FL 34449</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>S</u>	<u>Salvatore Bottari</u>	<u>3644 3644 South Suncoast Blvd Homosassa, FL 34449</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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 TALLAHASSEE COUNTY
 CLERK OF COURT

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

N/A

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 4, 2014



Signature of a member or authorized representative of a member

Jeremy Ledger

Typed or printed name of signee

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2014 AUG 28 PM 3:55

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