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(Requestor's Name) (Address) (Address)	100275402011
(City/State/Zip/Phone #)	06/31/1501040023 **25.00 다 다 다 다 다 다 다
Certified Copies Certificates of Status	SEP 0 2 2015 S. YOUNG
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SUBJE	CT: Estate Par	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:



BryanVentreat (352)410-0152Name of PersonArea CodeDaytime 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 A TO ARTICLES OF O OI) RGANIZATION
Estate Pawn (Name of the Limited Liability Compan (A Florida Limited Li	<u>y as it now appears on our records.</u>) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number $_L150000735.73$	vere filed on <u>April 27, 2015</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited fiabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	14129 US JOF HWILL 19
(Principal office address MUST BE A STREET ADDRESS)	Hudson FL 34667
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>	14129 US HWY 19 Hudson FL 34667
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address	
	Enter Florida street address
	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. Thereby 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>	<u>Address</u>	<u>Type of Action</u>
Ambr	Marjorie Ventre	1451 Overland DR	🗆 Add
		1451 Overland Dr Springhill, 71 346	O Remove
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an effective date is listed, the di ote: If the date inserted in	ate must be specific a this block does no	and cannot be prior t meet the applic	to date of filing or r able statutory fili	nore than 90 days after ng requirements, thi	s date will not be	605.020 listed a
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	Signature of	a member or anth	outed representativ	e of a member		- <u>i i i</u>
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Filing Fee: \$25.00