

L15000180110

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SOLICITATION, FLORIDA

APR 15 2016

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PAWN INVESTMENT GROUP, LLC

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:

REBECCA L WILLIAMS

Name of Person

BEE SQUARE TAX CONSULTATION AND SERVICE INC

Firm/Company

1650 SAND LAKE RD STE 115

Address

ORLANDO, FL. 32809

City/State and Zip Code

REBECCA@BEESQUARETAX.COM

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

For further information concerning this matter, please call:

REBECCA L WILLIAMS

407

851-4037

at ()

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 &
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

PAWN INVESTMENT GROUP, 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 OCTOBER 22, 2015 and assigned
Florida document number L15000180110.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

420 N. COCOA BLVD

COCOA, FL. 32922

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

420 N COCOA BLVD

COCOA, FL. 32922

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:

BEE SQUARE TAX CONSULTATION AND SERVICE, INC.

New Registered Office Address:

1650 SAND LAKE RD STE 115

Enter Florida street address

ORLANDO

City

, Florida 32809

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.

Becca L. Wilton
If Changing Registered Agent, Signature of New Registered Agent

*Bee Square Tax Consultation
& Service, Inc*

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	RUTH AMRUSSI	420 N COCOA BLVD	<input checked="" type="checkbox"/> Add
		COCOA, FL. 32922	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARC NICOSIA	420 N COCOA BLVD	<input checked="" type="checkbox"/> Add
		COCOA, FL. 32922	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RALPH SOUSSOU	420 N COCOA BLVD	<input checked="" type="checkbox"/> Add
		COCOA, FL. 32922	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RUTH AMRUSSI	440 N COCOA BLVD	<input checked="" type="checkbox"/> Add
		COCOA, FL. 32922	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARC NICOSIA	440 N COCOA BLVD	<input type="checkbox"/> Add
		COCOA, FL. 32922	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RALPH SOUSSOU	440 N COCOA BLVD	<input type="checkbox"/> Add
		COCOA, FL. 32922	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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E. Effective date, if other than the date of filing: JANUARY 1, 2016 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated 11/3/16, _____

Rth Amvss:

Signature of a member or authorized representative of a member

RUTH AMRUSSI

Typed or printed name of signee