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(Re	equestor's Name)	
(Ac	ldress)	
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COVER LETTER

Div	ision of Corp	porations	•	
SUBJECT:	PAWN SHO	OP BROWARD LLC		
Sebule I.			ited Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are subt	mitted for filing.	
Please return	n all correspoi	ndence concerning this matter (to the following:	
		JOHN P MILLER		
			Name of Person	
		JOHN P MILLER CPA PA		
			Firm/Company	
		2499 GLADES ROAD SU	ITE 304	
			Address	
		BOCA RATON, FL 33431		
			City/State and Zip Code	
		JPMCPAPA@BELLSOUTI		
		E-mail address: (t	to be used for future annual report notific	ation)
For further i	nformation co	oncerning this matter, please ca	all:	
JOHN P MI	LLER		561 368-9777 at ()	
	Name of	Person	Area Code Daytime T	Celephone Number
Enclosed is	a check for th	e following amount:		
\$25.00 1	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:

TO:

Registration Section

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	SHOP BROWARD LLC	
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 09/08/2016	and assigned
Florida document number L16000167641	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
PRESTIGE LIQUIDATORS LLC		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC'	or the abbreviation .L.C."
Enter new principal offices address, if applicable:		Western T
(Principal office address MUST BE A STREET ADD	PRESS)	9 1
		PH TO D
Enter new mailing address, if applicable:		1: 3
(Mailing address MAY BE A POST OFFICE BOX)		<u>ਂ</u>
B. If amending the registered agent and/or registered agent and/or the new registered office ad		, enter the name of the new
registered agent and/or the new registered since ad	aress nore .	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	orida
<u></u>	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, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			□ Change
			□ Add
			□ Remove
			Add
			□ Remove
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Typed or printed name of signee

Filing Fee: \$25.00