## LITEOITSONY

(f	Requestor's Name)	
(/	Address)	
	Address)	
(1	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
()	Business Entity Name)	
	Document Number)	
	Certificates of	Status
Special Instructions	to Filing Officer:	

Office Use Only



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SECRETARY OF STATE

aHIRES

DATE: 3-6-2018

TO: DIONE

Fax # 850-245-6030

COVER SHEET + DYPAGES

850-245-6936



JD'S PAWN SHOP LLC

Tel: 863-268-6442 1052 US HWY 92 W

Fax: 863-268-6442 SUITE K-22 K-23

AUBURNDALE, FL 33823

EMAIL:

JDSPAWNSHOP@GMAIL.COM



## **COVER LETTER**

Division of Cor	porations		
SUBJECT:	5D's Pawn		
	Name of Lim	uted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Stephen	MoleS Name of Person	
•	•	Name of Person	
	_ JD'S PO	wushop LLC	
		Firm/Company	
	1052, US H	twy 92 W Address	<del></del>
	AUDURNO A  Ennail address: (	City/State and Zip Code	823 NSHOPGGMAIL.COM
For further information co	oncerning this matter, please co	all:	
Stephe	en Moles Person	an ( <u>0 <del>v                                   </del></u>	3746 Telephone Numbers 2
Enclosed is a check for the	e following amount:		会議とし、「
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Stands & Certified Copy (additional copy is enclosed)
,			,

MAILING ADDRESS:

TO:

Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassec, 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

JDS ROWN	shuo LLC			•
Name of the Limited I	Liability Company as i Florida Limited Liabilit	t now appears on ou y Company)	r records.)	
The Articles of Organization for this Limited Liabi Florida document number <u>L 1700017</u> ,		filed on <u>\$-</u>	16-201	and assigned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of th	e limited liability c	ompany here:		
The new name must be distinguishable and contain the words	s "Limited Liability Co	npany," the designation	on "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A		1 JUNE NOA		N SUHE K-22 K-23 33823
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	×)	P.O. BOX ANDULNO	2240 ALE,	FL 33823
B. If amending the registered agent and/or registered agent and/or the new registered office	address here:			the name of the new
Name of New Registered Agent:	•	1 Moles		
New Registered Office Address:	1052 US	S HWY  Enter Florida street	92W	<u>Site K-22</u> K-23
<del>-</del>	AJOURND	ALE	, Florida	33823 Zip Code
New Registered Agent's Signature, if changing Regi	stered Agent:			
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the regi company has been notified in writing of this cha	ind complete perfored agent as provide istered office addressinge.	rmance of my duited for in Chapteress, I hereby conf	ties, and I am f 605, F.S. Or, irm that the lin	familiar with and if this document is nited liability
	If Changing F	egistered Agent, <u>Sir</u>	nature of New Re	
	Page 1 of 3		MESE	

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>	Address	Type of Action
MOR	Stephen Moles I	P.O. Box 2240	Add .
		AUDINDALE FL, 3382	<u>S</u> □Remove
		·	Change
MGR	Kathy A. Morrison	P.O. Box 2240	Add Sy of
		P.O. BOX 2240 ANOUNDALE, FL 3382	Remove Chiles
			Change
MGR	GLENN Morrison	P.O. BOX 2240 AUDULNDALE, FL 33823	Add Such
		AUDULNDALE, FL 33823	Remove Child
			Change
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te: If the	date inserted in	an the date of fi ate must be specific this block does n the Department	ot meet the ap	plicable statutor	ng or more than 90 y filing requirer	days after filling.) nents, this date v	Pursuage to 605.02 Fill not be listed
		elayed effective e record is file		: <b>not</b> an effec	tive time, at	<b>12:0</b> 1 a.m. o	n the earlier
ted	1arch	7,	. 201	<u>8</u> .			
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Page 3 of 3

Filing Fee: \$25.00