L19000066931

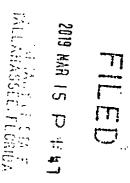
(Requestor's Name)	
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



600325876716

05/15 15 540 to 610 ••25.00



MAR 2 6 2019 T. LEMIEUX

COVER LETTER

Division of Corpor			
SUBJECT: <u>NMB Jewe</u>	1ry Loans, LLC Name of Limit	ted Liability Company	
The enclosed Articles of Am	endment and fee(s) are subm	nitted for filing.	
Please return all corresponde	nce concerning this matter t	o the following:	
	Alan S. Rosentha	al, Esquire	
	Rosenthal Rosent		
		Firm/Company	
	20900 NE 30 Aver		
		Address	
	Aventura, FL 33	3180	
	asr@rrrlaw.com	City/State and Zip Code	
_		o be used for future annual report notific	ration)
For further information conce	erning this matter, please ca	II:	
Alan S. Rosent		at (305) 937-0300	
Name of Per	rson	Area Code Daytime 1	Telephone Number
Enclosed is a check for the fo	ollowing 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

F!LED

NMB Jewelry Loans, LLC

(Name of the Limited Liability Company as it now appears on officerds) 15	
(.vaine of the tributed triability contipant avit now appears on och (100 125)	1 1 1 1 1 1 1 1 1
(A Florida Limited Liability Company)	1 1

The Articles of Organization for this Limited Liability	/ Company	were filed on _	March: 122019	and assigned
Florida document number <u>L19000060931</u>	·			
This amendment is submitted to amend the following	:			
A. If amending name, enter the new name of the li	imited liabi	lity company h	ere:	
NMB Jewelry Loans Center, LLC				
The new name must be distinguishable and contain the words "I	.imited Liabili	ty Company," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office at Name of New Registered Agent:			n our records, <u>ente</u>	r the name of the new
New Registered Office Address:				
		Enter Flo	orida street address	
		City	, Florida _	Zip Code
New Registered Agent's Signature, if changing Registe	and toant	v ny		z.ip C оае
I hereby accept the appointment as registered ages provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	l complete p agent as pared office of	performance of rovided for in (f my duties, and 1 an Chapter 605, F.S. O	r familiar with and r, if this document is

If Changing Registered Agent, Signature of New Registered Agent

. If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		- <u> </u>	
			□ Remove
			□ Change
			□ Add
			□ Remove
			☐ (`hange
			Add
			Remove
			Change
			Add
			Remove
			Change
			□ Add
			□ Remove
			□ Change
			□ Remove
			□ Change

Ď. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
Note	etive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	d <u>March 12, 2019</u> .
	TAM!
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00