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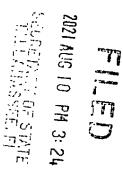
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## **COVER LETTER**

TO: Registration Se Division of Cor				
	CE PAWN, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	RICOT RIPHIN			
		Name of Person		
	-	Firm/Company		
		Address		202
	10258 KINGDOM COUR	T		AUG
	NAPLES, FLORIDA, 3411	City/State and Zip Code 4		NISTO PH
For further information c	E-mail address: (	to be used for future annual report notificall:	cation)	2021 AUG 10 PH 3: 21
RICOT RIPHIN	. ·	919 2355647 at ( )		24 PATE
Name o	of Person	Area Code Daytime	Telephone Number	<del></del>
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
<u>Mailing Addre</u> Registration		Street Address: Registration Sect	tion	
Division of C P.O. Box 632	Corporations	Division of Corp The Centre of Ta	orations	
Tallahassee,		2415 N. Monroe		10

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RESILIENCE PAWN, LLC				
( <u>Name of the Limi</u>	ted Liability Comp (A Florida Limited	any as it now appears ( Liability Company)	on our records.)	
The Articles of Organization for this Lumited L Florida document number NEW	iability Company	y were filed on $\frac{8/4/2}{}$	021	and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited lial	oility company here	<u>e</u> :	
RESILIENCE PAWN & CASH, LLC				
The new name must be distinguishable and contain the v	vords "Limited Liab	ility Company," the desi	ignation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	Same		<del>2</del>
(Principal office address MUST BE A STREE	ET ADDRESS)			22
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BON)</u>	Same		G 10 PH 3: 21
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our rec	ords, <u>enter the</u>	name of the new registere
Name of New Registered Agent:	Same			
New Registered Office Address:	Same			
		Enter Florida	a street address	
			, Florid:	1
		City	<del></del>	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 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>	Type of Action
MGR	RICOT RIPHIN	Same	□Add
			⊡Remove
			□Change
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8/4/20	21				<del>-</del>
fective date, if other than the date of filing: in effective date is listed, the date must be specific and cannot be	prior to date of filin	g or more than 90 days	optional) after filing.) I	Pursuant to	o 605.020
ote: If the date inserted in this block does not meet the a beament's effective date on the Department of State's rec	ipplicable statutor; cords.	y filing requirements	, this date w	all not be	: listed a
ecord specifies a delayed effective date, but not an effect is filed.	tive time, at 12:01	a.m. on the earlier o	f: (b) The	90th day	after the
/ /	,				
signature of a number of	2-1				
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					_

Filing Fee: \$25.00