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Division of Corporations

Fax Number : (850)617-6383

Prom:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC

Account Number : 110432003053 : (561)694-8107 Phone : (561)694-1639 Fax Number

**Enter the email address for this business entity to be used for futire annual report mailings. Enter only one email address please. ** 😅

Email Address:_

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EXAMINER

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Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAPITAL PAWN OF FLORIDA LLC (Name of the Limited Liability Company (A Florida Limited L	y as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number L13000111442	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		28
(Principal office address MUST BE A STREET ADDRESS)		
(2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		Fr. 21
	-	29 381
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		75 J
(Indiana) man (A)		<u> </u>
		- ω
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	Mice address on our records, g:	enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	,	
The water state of the Andrews	Enter Florida street address	
	, Flor	ida
	Cin	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F	I I am familiar with and S. Or, if this document is

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	BRYANT, PAUL	84 VILLA RD.	bbA ⊡
		OD 575 177 1 5 00 400 16	O Add
		GREENVILLE, SC 29615	■ Remove
			Change
President	Kenneth Allwein	84 VILLA RD.	🖺 Add
		GREENVILLE, SC 29615	□ Remove
			Change
CFO John Weston III	John Weston III	84 VILLA RD.	*
		GREENVILLE, SC 29615	>> 3
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Note: If the date inserted in this bidocument's effective date on the Die record specifies a delayer	lock does not meet the applicable statutory epartment of State's records. d effective date, but not an effecti	(optional) (or more than 90 days after filing.) Pursuant to 605.02 filing requirements, this date will not be listed to the control of the co	as the
The 90th day after the rec	ora is filea.		
Dated	2018		
	CLMo-		
	Signature of a member or authorized represent	tative of a member	

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