

U13000132887
Division of Corporations

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CAPITAL PAWN II OF FLORIDA LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

T. CLINE

NOV 30 2018

EXAMINER

2018 NOV 29 AM 11:07

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAPITAL PAWN II OF FLORIDA LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/19/2013 and assigned Florida document number L13000132887

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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

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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>	<u>Type of Action</u>
MGR	BRYANT, PAUL	84 VILLA RD.	<input type="checkbox"/> Add
		GREENVILLE, SC 29615	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Managing Member	C. Dan Adams	84 VILLA RD.	<input checked="" type="checkbox"/> Add
		GREENVILLE, SC 29615	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
President	Kenneth Allwein	84 VILLA RD.	<input checked="" type="checkbox"/> Add
		GREENVILLE, SC 29615	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CFO	John Weston III	84 VILLA RD.	<input checked="" type="checkbox"/> Add
		GREENVILLE, SC 29615	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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