L21000431935

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A. RIVERS APR 27 2023

COVER LETTER

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Registration Section

Tallahassee, FL 32314

TO:

Div	ision of Cor	porations		
Catha an Ave	PAWN PR	OPERTIES LLC		
SUBJECT:	<u>.</u>	Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Brian T. Anderson		
			Name of Person	
		BECHT ANDERSON LL	P	
			Firm/Company	
		321 S 2nd Street		
		•	Address	
		Fort Pierce, FL 34950		
		•	City/State and Zip Code	
		brian@bechtanderson.com		
			to be used for future annual report n	otification)
For further in	nformation c	oncerning this matter, please ea	all:	
Brian T. Anderson		772 465-5500		
Name of Person		at () Area Code Dayt	ime Telephone Number	
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ling Addres		Street Address: Registration S	Section
· -		orporations	Division of C	
	. Box 632	•	The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PAWN PROPERTIES LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our re- nited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Com	pany were filed on 10/01/2021	and assigned
Florida document number L21000431935		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Martin County Capital, LLC		
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 ADDRES	<u></u>	70 8
		25 E E E E E E E E E E E E E E E E E E E
	<u> </u>	
Enter new mailing address, if applicable:		77' CC 137
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
		∰
3. If amending the registered agent and/or registered of	fice address on our records, <u>en</u>	ter the name of the new register
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
		. Florida
	City	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

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
			Remove
			☐ Change
			□Add
			□Remove
			☐Change
			□Remove
			□Change
			□Add
			□Remove
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Effective date	, if other than to a sisted, the date to inserted in this active date on the	s block does not	meet the applic	cable statutory i	or more than 90 of filing requirem	(optiona days after filin ents, this da	il) ng.) Pursuant to te will not be	605.0207 (listed as t
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Filing Fee: \$25.00