

12/3/2019

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

2019000349280

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

From: Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (614)280-3338
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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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12/3/2019 13:03:29 CST

2019 DEC -3 P 1:44

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 EOLA CAPITAL LLC**

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Electronic Filing Menu

Corporate Filing Menu

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DEC 3 2019
T. LEMUEUX

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Eola Capital 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 09/07/2006 and assigned Florida document number LOG000087948.

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

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>	<u>Address</u>	<u>Type of Action</u>
Managing Director	Charles R. Shipley Hall	800 N. Magnolia Avenue	<input type="checkbox"/> Add
		Suite 1625	<input checked="" type="checkbox"/> Remove
		Orlando, FL 32803	<input type="checkbox"/> Change
VP	John A. Guitar	800 N. Magnolia Avenue	<input checked="" type="checkbox"/> Add
		Suite 1625	<input type="checkbox"/> Remove
		Orlando, FL 32803	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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