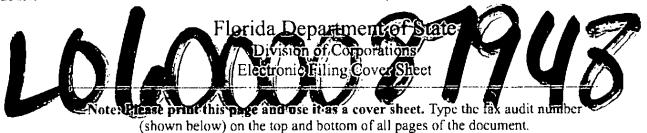
12/3/2019

Division of Corporations



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From:

._. U:: Ç, Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

**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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Help

A CONTRACTOR

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Eola Capital LLC		
(Name of the Limited Liability Com (A Florida Limited	nany as it now appears on our records. I Liability Company))
The Articles of Organization for this Limited Liability Compar	ny were filed on 09/07/2006	and assigned
Florida document number L06000087948		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility 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 agent and/or the new registered office address here:	e address on our records, <u>enter-tl</u>	he name of the new register
agent and/or the new registered office and residence.	•	
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	<u> </u>
New Registered Office Address:	<u> </u>	
	Enter Florida street address	
	Flor	
	Cay	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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

To: Page 4 of 5

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

Title	<u>Name</u>	Address	Type of Action
Managing Director	Charles R. Shipley Hall	800 N. Magnolia Avenue	
		Suite 1625	≡Remove
		Orlando, FL 32803	□ Change
VP	John A. Guitar	800 N. Magnolia Avenue	
		Suite 1625	
		Orlando, FL 32803	
			□Add
			□Remove
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
			F7(2k-11.11)

Page 2 of 3

. If amending any other inform				•	
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Effective date, if other than the third effective date is listed, the date management in this become and the document's effective date on the listed are the listed and the listed are the	ast be specific and cann block does not meet t	ot be prior to date the applicable s	of filing or more tha	(optional) n 90 days after filing.) F irements, this date w	Pursuant to 605,0207 (3 ill not be listed as th
the record specifies a delaye) The 90th day after the re		, but not an	effective time,	at 12:01 a.m. o	n the earlier of:
Dated December 3)19			
	A. Novi Holm	us-kidd			
, 	Signature of a memb	er or authorized	representative of a m	tember	
A. Noni Holmes-Kidd	. VP and General Co	unsel			
		ed or printed nam	e of signee		

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