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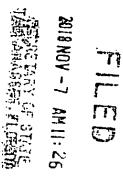
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## **COVER LETTER**

SUBJECT:		ENEURIAL CAPITAL MANA	AGEMENT, LLC	
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		THOMAS KERNEY		
		EARLY CAPITAL. LLC	Name of Person	
		1452 EAST 53RD STREE	Firm/Company T, 2ND FLOOR	
		CHICAGO, IL 60615	Address	
		THOMAS@EARLYRAISE		
r 61 '-	- C		to be used for future annual repo	ort notification)
THOMAS K		oncerning this matter, please ca	312 998-33	340
	Name of	f Person	Area Code I	Daytime Telephone Number
Enclosed is a	a check for th	ne following amount:		
□ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO: Registration Section
Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ENTREPRENEURIAL CAPITAL MA	NAGEMENT, LLC	
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number L18000160621	ility Company were filed on 07/02/2018	and assigned
Florida document number	•	
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
EARLY CAPITAL, LLC		
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET).	ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO  B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, en	nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
_	, Florid:	
	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:

or removed tro	m our records:		
•			
MGR = Man	iger `		
AMBR = Auth	orized Member		

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Filing Fee: \$25.00