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Office Use Only



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2019 FEB 25 PM 5: 32

C. GOLDEN FEB 2 8 2019

### **COVER LETTER**

	légistration Section division of Corpor			
CHB IFC	END	CAPITAL LI	LC	
SUBJEC	·	CAPITAL LI	ted Liability Company	<del></del>
The enclo	sed Articles of Am	endment and fee(s) are sub-	mitted for filing.	
Please reti	irn all corresponde	ence concerning this matter	to the following:	
		GEOFFREN	Name of Person	.GR
		ENID CA	PITAL LLC Firm/Company	<del></del>
		3136 SE	CRET WOODS TRA	tIL W.
			Address	
		JACKSONVI	City/State and Zip Code	6
	-	enid capita	City/State and Zip Code        C	
For furths	r information conc	erning this matter, please ca	to be used for future annual report is	ottication)
			at (GOU) SO: Area Code Day	1. 6687
Enclosed	is a check for the f	ollowing amount:		
\$25.0	) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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 AMERICA

## ARTICLES OF ORGANIZATION OF



ENID	CAPITAL LIC	2019 FEB 25
(Name of the Limite	d Liability Company as it now appears on A Florida Limited Liability Company)	our records.)
		- 111 2019 and a
The Articles of Organization for this Limited Lia		2 111 2019 and a
Florida document number <u>L 1900 (0 42</u> )	255	
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the desig	nation "LLC" or the abbreviation "L.
Enter new principal offices address, if applica	ıble:	
(Principal office address MUST BE A STREE	T ADDRESS)	
	<del> </del>	<del></del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE )	BOX)	
	——————————————————————————————————————	<del></del>
D 16 11 11 11 11 11 11		
B. If amending the registered agent and/or the new registered of		ir records, enter the name of
	<del></del>	
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 we provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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

AMBR = Manager AMBR = Authorized Member			
<u>Title</u>	Name	Address	Type
AMBR	RAYANNA C. SCOTT (SPOUSE)	3:36 SECRET WOODS TRAIL W.	<b>)</b> X^
		JACKSONVILLE, FL 32216	□ Rŧ
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or removed from our records:

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E. Effect	ive date, if other than the date of filing:
(If an ef)	ive date, if other than the date of filing:
	nent's effective date on the Department of State's records.
	-
If the red	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
(D) THE	sour day after the record is filed.
Dated	2-21 2019
20100	
	Signature of a yember or buthon ed representative of a member
	GEOFFREY H. ZYUNG
	Typed or printed name of signee

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Filing Fee: \$25.00