L13000158081

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SECRETARY OF STATE
DIVISION OF CORPORATION
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COVER LETTER

Registration Section

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

TO:

SUBJECT:	Y	orkshire Ventures, LL	c	
30700001			ited Liability Company	
The enclosed Arti	cles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all c	orrespo	ndence concerning this matter	to the following:	
		Geoffrey Somn	ners Name of Person	
		Enterprise Ma	nagement Consulting, LL	C
			Firm/Company	<u> </u>
		4720 Salisbury	/ Road	
			Address	
		Jacksonville, F	L 32256 City/State and Zip Code	
		enterprise.mg	mt.consulting@gmail.cor	n
For further inform	ation co	E-mail address: (oncerning this matter, please or	to be used for future annual report no all:	tification)
	ey So i Name of	mmers Person	at (<u>904</u>) <u>395-74</u> Area Code Daytii	me Telephone Number
Enclosed is a chec	k for th	e following amount:		
□ \$25.00 Filing	Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)
1	Registra	NG ADDRESS: ation Section of Corporations	STREET/COUR Registration Secti Division of Corpo	

Registration Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Yorkshire Ventures, LLC (Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company velocida document numberL13000158081	were filed on11/12/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
Enterprise Management Consulting, LLC		
The new name must be distinguishable and contain the words "Limited Liabilia	ty Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	4720 Salisbury Road	
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32256	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4720 Salisbury Road Jacksonville, FL 32256	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:		the name of the SECRETARY COME COME
New Registered Office Address:	Enter Florida street address	H 9: STATE
	, Florida	Zip Code Zi

ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is sing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability impany 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
			🗆 Add
			Remove
			Change
			□ Remove
			Change
			☐ Remove
		Remove	
			Change
			
			Remove
			HOLE CHARGE
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			Charfge

	
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ffective date, if other than the date of filing: 02/07/2018 (optional an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing liste: If the date inserted in this block does not meet the applicable statutory filing requirements, this date occument's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m.	ng.) Pursuant to 605.020 ac will not be listed as
The 90th day after the record is filed.	
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The 90th day after the record is filed. Pated	

Filing Fee: \$25.00