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EXAMINER

## **COVER LETTER**

Division of Cor	porations			
	ENEURIAL ADVISORS, LL	С		
SUBJECT:	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	THOMAS KERNEY			
		Name of Person	<del></del>	
	ENTREPRENEURIAL CAPITAL MANAGEMENT, LLC			
	<del></del>	Firm/Company		
	211 WEST WACKER DRIVE, 3RD FLOOR			
		Address		
	CHICAGO, IL 60606		يع .	
City/State and Zip Code THOMAS@ENTCAPMGMT.COM				
	E-mail address: (	to be used for future annual report notifi	ication)	
For further information co	oncerning this matter, please c	all:		
THOMAS KERNEY		312 998-3340	<u>,</u>	
Name o	f Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for th	ne following amount:			
□ \$25.00 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)	
MART	INC ADDDESS.	STDFFT/COUDT	ed anndree.	

MAILING ADDRESS:

TO:

Registration Section

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 ADVISORS, 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 Liabili	ity Company were filed on 07/02/2018	and assigned
Florida document number L18000160621		
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	ఫ్
ENTREPRENEURIAL CAPITAL MANAGEMENT, I	LLC	±; ∽
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC"	
Enter new principal offices address, if applicable	:	1
(Principal office address MUST BE A STREET AL		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
Multing dualess MALL BE ALLOST OF FICE BOX	<b>Y</b>	
Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address	
	Enter r toriaa street aaaress	
****		rida
New Registered Agent's Signature, if changing Regist	, Flo	
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	City  tered Agent:  ent and agree to act in this capacity. I fur, and complete performance of my duties, and agent as provided for in Chapter 605, Fistered office address, I hereby confirm tha	rida

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member Address Type of Action <u>Title</u> Name \_□ Add □ Remove \_□ Change □ ∧dd. \_□ Remove \_□ Remove Change □ Add ☐ Remove \_\_\_ ☐ Change ☐ Remove \_\_\_\_\_ □ Change \_□ Add

☐ Remove

\_□ Change

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Effective date, if other than the	AUGUST 30, 2018  date of filing: (optional)
(If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	at be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ( ock does not meet the applicable statutory filing requirements, this date will not be listed as t
the record specifies a delayed The 90th day after the reco	d effective date, but not an effective time, at 12:01 a.m. on the earlier of: ord is filed.
Dated	2018  Kerney  Signature of a member
-11- A	1/20011

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00