

L19000285092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

APR 08 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Enterprise Holdings Limited Liability Company
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joshua Ventura
Name of Person
ENTERPRISE Holdings Limited Liability Company
Firm/Company
864 SW Piedmont Court
Address
Port Saint Lucie, FL 34986
City/State and Zip Code
therealventurag@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joshua Ventura at (772) 233-7848
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RECEIVED

MAR 26 2020

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Enterprise Holdings Limited Liability Company
(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 Liability Company were filed on November 15th 2019 and assigned Florida document number L19000285092.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Ventura Income Connections LLC

The new name must be distinguishable and contain the words "Limited Liability 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**)

864 SW Piedmont Court
Port Saint Lucie, FL, 34986

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

864 SW Piedmont Court
Port Saint Lucie, FL, 34986

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Joshua Ventura

New Registered Office Address:

864 SW Piedmont Court

Enter Florida street address

Port Saint Lucie

City

Florida 34986

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.

Joshua Ventura

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Joshua Ventura	864 SW Piedmont Court	<input checked="" type="checkbox"/> Add
		Port Saint Lucie, FL 34986	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

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TALLAHASSEE, FLORIDA

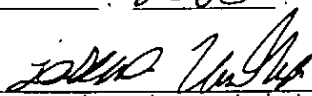
E. Effective date, if other than the date of filing: March 23rd, 2020 (optional)

(If 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.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated March 23rd 2020


Signature of a member or authorized representative of a member

Joshua Ventura
Typed or printed name of signee