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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : ELLISON LAZENBY PLLC
Account Number : I20150000059
Phone : (727)362-6151
Fax Number : (727)362-6131

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
E3 RE HOLDING 2 LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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3H20000366347 3**COVER LETTER****TO: Registration Section
Division of Corporations****SUBJECT: E3 RE HOLDING 2 LLC**

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:

William G. Lazenby, Esq.

Name of Person

Ellison & Lazenby, PLLC

Firm/Company

150 2nd Ave. N., Suite 1770

Address

St. Petersburg, FL 33701

City/State and Zip Code

admin@elattorneys.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angelique

727

362-6151

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)**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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E3 RE HOLDING 2 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 Liability Company were filed on 11/12/2019 and assigned
Florida document number L19000281801.

This amendment is submitted to amend the following:

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

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:

200 2nd Ave. S.

(Principal office address MUST BE A STREET ADDRESS)

Unit 466

St. Petersburg, FL 33701

Enter new mailing address, if applicable:

200 2nd Ave. S.

(Mailing address MAY BE A POST OFFICE BOX)

Unit 466

St. Petersburg, FL 33701

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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

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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	E3 Capital LLC	1114 Central Avenue, Suite F	<input type="checkbox"/> Add
		St. Petersburg, FL 33705	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Giordano Pozzi	200 2nd Ave. S.	<input checked="" type="checkbox"/> Add
		Unit 466	<input type="checkbox"/> Remove
		St. Petersburg FL 33701	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

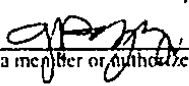
E. Effective date, if other than the date of filing: _____ (optional)

(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 October 21, 2020



Signature of a member or authorized representative of a member

Giordano Pozzi

Typed or printed name of signer

Filing Fee: \$25.00

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