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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

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:	admin@elattornevs.com	
EMALL ANNICESS:	aummeetationicva.com	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN E3 RE HOLDING 5 LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

William Lazenby	Fax: 1/2/3626151	10:	Pax: (850) 617-6355	_ ศะวางงงงิธ์ธิรัร	13	
		ARTICLES OF A	MENDMENT			
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		ARTICLES OF OF				~ ``~ \ <u>`</u>
		OF			(n)	
E3 D	E HOLDING 5 LLC					المراجع
	(Name of	the Limited Liability Company (A Florida Limited Lia	y as it now appears on our r	ecords.)		
						<u> </u>
he Articles of Org	ganization for this Li	mited Liability Company w	vere filed on $\frac{01/13/2021}{}$		and assigned	
lorida document n	number	<u> </u>				
	submitted to amend					
			ity company here:			
. If amending n	ame, <u>enter the new</u>	name of the limited liabil	ty tompany nere.			
200 MLK OZ	LLC	ntain the words "Limited Liabilit	y Company," the designation	"LLC" or the abbrev	iation "L.L.C."	
	pal offices address,					
Principal office a	<u>ddress MUST BE A</u>	STREET ADDRESS)				
		- L. I				
	g address, if applic					
Mailing address	<u>MAY BE A POST O</u>	TEICE BUZI				
B. If amending t	he registered ugent	and/or registered office a	ddress on our records,	enter the name o	f the new registere	<u>:d</u>
gent and/or the	new registered offi	ce address here:				
Name of	New Registered Ap	ent:				
New Re	gistered Office Addr	ess:	Enter Florida stree	address		
			Dide, 1 th terr 20, cc.			
			City	, Florida	Zip Code	
New Dogistered A	cent's Signature if s	hanging Registered Agent;	•			
		registered agent and agr		tv. I further agree	to comply with th	he
provisions of all	statutes relative to	the proper and complete	performance of my du	ties, ana i am jan	nuar wun ana	
accent the oblige	ations of my positio	n as registered agent as t	provided for in Chapter	r 603, F.S. Or, IJ	inis aocument is	
peing filed to me company has be-	erely reflect a chan en notified in writi	ge in the registered office ng of this change.	address, I hereby conf	er til treme tric tilling	ou 11 0 0,	
y may	y .					
		If Char	nging Registered Agent, Sig	nature of New Regist	tered Agent	

Page: 3 of 4 03/03/2021 12:56 PM rt 2 1000000000 / 3

Fax: 17273626151

Tq:

Fax: (850) 617-6383

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

From: William Lazenby

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	Giordano Pozzi	200 2nd Ave. S.	□Add
		<u>Unit 466</u>	⊠Remove
		St. Petersburg, FL 33701	□Change
			□ Add
			□Remove
			Change
MGR_	E3 Capital LLC	200 2nd Ave. S.	MAdd
		Unit 466	Remove
		St. Petersburg, FL 33701	□ Change
			□Add
			□Remove
			Change
			OAdd
		·	☐Remove
			☐Change
			□ Add
			□Remove
			∏ Chanae

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amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	·
	
	<u>* </u>
	
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Effective date, if other than the date of filing:	is to 605.0207 (3)(b) be listed as the
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th dard is filed.	ay after the
Dated March 3. 2021	
Signature of a physicer or surprised representative of a member	
•	
Giordano Pozzi, Manager Typed or printed name of signee	