Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210000867923)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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@elattorneys.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN E3 RE HOLDING 4 LLC

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

į

company has been notified in writing of this change.

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E3 RE HOLDING 4 LLC (Name of the Limited Liability Cor	mpany as it now appears on our recorded Liability Company)	rds.)
(A Florida Limit	ed Liability Company)	
e Articles of Organization for this Limited Liability Comparida document number <u>L21000030268</u>	any were filed on 01/13/2021	and assigned
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited I	iability company here:	
200 MLK OZF LLC		
200 MLK OZF LLC e new name must be distinguishable and contain the words "Limited L	iability Company," the designation "Ll	LC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	
The party of the same of the s		
		· ·
and the state of t		
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFF (CE BOX)</u>		
• • • • • • • • • • • • • • • • • • • •		
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address here:		er the name of the new regist
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered officent and/or the new registered office address here: Name of New Registered Agent:	ice address on our records, ent	er the name of the new regist
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address here:	ice address on our records, ent	er the name of the new regist
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered officent and/or the new registered office address here: Name of New Registered Agent:	ice address on our records, <u>ent</u> Enter Florida street add	er the name of the new register.
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered officent and/or the new registered office address here: Name of New Registered Agent:	ice address on our records, <u>ent</u> Enter Florida street add	er the name of the new registres.
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered officent and/or the new registered office address here: Name of New Registered Agent:	ice address on our records, ent Enter Florida street add	er the name of the new register.

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

If Changing Registered Agent, Signature of New Registered Agent

From: William Lazenby

Fax: 17273626151 To:

Fax: (850) 617-6383

Page: 3 of 4

03/03/2021 12:43 PM

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>	Name	Address	Type of Action
MGR	Giordano Pozzi	200 2nd Ave. S.	□Add
		Unit 466	⊠Remove
		St. Petersburg, FL 33701	Change
			□Remove
			□ Change
MGR E	E3 Capital LLC	200 2nd Ave. S.	X Add
		Unit 466	□Remove
		St. Petersburg, FL 33701	Change
			□Add
			□Remove
			□Change
			□Remove
		<u> </u>	□Add
			□Remove

To:

Fax: (850) 617-6383

Page: 4 of 4

03/03/2021 12:43 PM

H21000086792 3

					<u></u>
	-				
 					
· 	<u> </u>				
					
		·			 _
			· - -	-	
				·	
				/+1	al)
ffective date, if 0 an effective date is lis	ther than the date o sted, the date must be spe	of fung: cific and cannot be prio	r to date of filing or m	ore than 90 days after fi	al) ling.) Pursuant to 605.0207
lote: If the date ins	serted in this block do e date on the Departm	es not meet the appli	cable statutory illin	g requirements, this d	ate will not be listed as I
seament's cricent	, date on the Departme		•		
record specifies a c	lelaved effective date	but not an effective	time. at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
is filed.	oujed officer a duty,				•
ated <u>Mar</u>	M 3	, 2021 ,	<u> </u>		
			•		
		Man	51		
	Clanati	are of ember or aut	threed representative	of a member	

Filing Fee: \$25.00