L21000350410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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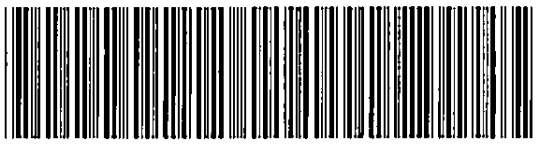

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SECRETARY OF STATE
TALLAHASSEE, FL

R. HUNT
03/31/23

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: E3M LOGOS 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:

MINA HABIB
Name of Person

Firm/Company

4609 WELLESLEY CT.
Address

PALM HARBOR, FL 34685
City/State and Zip Code

minassh2018@gmail.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL

For further information concerning this matter, please call:

MINA HABIB
Name of Person

727 668 1084
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

E3M LOGOS 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 11/23/2021 and assigned Florida document number L21000502710

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:
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 43
CRYSTAL BEACH FL 34681

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TALLAHASSEE, FLORIDA

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: MINA HABIB

New Registered Office Address: 4609 WHELESLEY CT
(Post Office Box is not a street address)

PALM HARBOR, Florida FL34685
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.

Mina Habib

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

Title	Name	Address	Type of Action
AMBR	ENGY GERGES	3669 WELLESLEY CT, PALM HARBOR, FL 34685	■ Add
			☐ Remove
			☐ Change
MGR	MINA HABIB	3669 WELLESLEY CT, PALM HARBOR, FL34685	☐ Add
			☐ Remove
			■ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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D. If amending any other information, enter change(s) here: *([illegible] additional sheets if necessary.)*

We will keep the business name as [illegible]

BUT CHANGE mailing address to [illegible] BEACH, FL [illegible]

2023 MAR 31 PM 12: 57
[illegible]ARY OF STATE
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: [illegible] **(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 [illegible] on the earlier of: (b) The 90th day after the record is filed.

Dated 04/01/2023

Mina Habib Engy Gerges
Signature of [illegible] authorized representative of a member

MINA HABIB [illegible]
Typed or printed name of [illegible]

Filing Fee: $25.00