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| Special Instructions to | Filing Officer: | |
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COVER LETTER

TO:

| FO: Registration Se Division of Cor | | | RECEIVED |
|--|---|---|---|
| | s Global LLC | • | |
| SUBJECT: | Name of Lim | ited Liability Company | 2022 JUH 23 AH 7: 59 |
| · | | | SA Table 1916.Fr |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | la latare de la latar la |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Jasmin Ortiz | | |
| | | Name of Person | · |
| | E3 Ventures Global LLC | | |
| | | Firm/Company | |
| | 1765 Mathews Manor Dr | | |
| | | Address | |
| | Jacksonville Fl 32211 | | |
| | , | City/State and Zip Code | |
| | Jasmin.o.realestate@gmail. | | |
| For further information of | E-mail address: (concerning this matter, please c | to be used for future annual report r all: | notification) |
| Jasmin Ortiz | | 347 385-3803 | |
| Name o | of Person | | time Telephone Number |
| Enclosed is a check for t | he 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 Addre | | Street Address | |
| Registration | | Registration | |
| Division of C | - | Division of C | - |
| P.O. Box 632 | | | of Tallahassee |
| Tallahassee, | FL 32314 | 2415 N. Mor | roe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

E3 Ventures Global LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

| (7 | A Florida Elinined Elability Company) | GEORGIA OF STATE |
|--|--|--|
| The Articles of Organization for this Limited Lia | bility Company were filed on (14/21/ | OEORTIA OF STATE OF STATE and assigned |
| Florida document number L22000192165 | | 5 |
| | | |
| This amendment is submitted to amend the follow | ving: | |
| 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 "L.L.C" 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) 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: | | |
| The new name must be distinguishable and contain the wor | rds "Limited Liability Company," the desig | nation "L.I.C" or the abbreviation "L.IC." |
| Enter new principal offices address, if applical | ble: | |
| (Principal office address MUST BE A STREET | ADDRESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE B | <u>ox</u>) | |
| | | |
| | | |
| | | rds, enter the name of the new registered |
| agent and/or the new registered office address | uere. | |
| Name of New Registered Agent: | | |
| Name of New Registered Agent. | | |
| New Registered Office Address: | Enter Florida | street address |
| | | |
| | Citv | , Florida Zip Code |
| New Registered Agent's Signature, if changing Re | • | |
| | | anita. I Conthan amount a named with the |
| I hereby accept the appointment as registered provisions of all statutes relative to the proper | • | • • • |
| accept the obligations of my position as regist | ered agent as provided for in Cha | pter 605, F.S. Or, if this document is |
| being filed to merely reflect a change in the re company has been notified in writing of this cl | ~ -* | confirm that the limited liability |
| company has been normed in mining by this ci | m//6". | |

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> | Name | Address | Type of Action |
|--------------|--------------|--|----------------|
| Ambr | Jasmin Ortiz | 1765 Mathews Manor Dr Jacksonville Florida 32211 | = Add |
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| fective | date, if other than the date of filing: (optional) | 07 (2) |
| <u>ite:</u> If t | ive 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as | |
| cument | t's effective date on the Department of State's records. | |
| | anniform a delegand officering days have not an effective size of 12.01 and an abounding of (b). The 60th day office the | |
| is filed. | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the | • |
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| ted | 0/15/2027 | |
| | Illaw a little | |
| | Signature of a member or authorized representative of a member | |
| | | -; |



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September 14, 2022

JASMIN ORTIZ 1765 MATTEWS MANOR DR JACKSONVILLE, FL 32211

SUBJECT: E3 VENTURES GLOBAL LLC

Ref. Number: L22000192165

We have received your document for E3 VENTURES GLOBAL LLC, however, upon receipt of your document no check was enclosed. Please return your document along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 022A00020481