

L23000018218

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(Address)

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(City/State/Zip/Phone #)

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AB

TO: Registration Section
Division of Corporations

SUBJECT: E2 VENTURES 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:

NORKZIA E. ZAFRA SANCHEZ

Name of Person

E2 VENTURES LLC

Firm/Company

6409 SW 70TH CIRCLE

Address

OCALA, FL 34474

City/State and Zip Code

NORKZIA@GMAIL.COM

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

For further information concerning this matter, please call:

____ 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

ARTICLES OF ORGANIZATION
TO
ARTICLES OF ORGANIZATION
OF

FILED
2024 APR 17 AM 11:19

E2 VENTURES 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 JANUARY 9, 2023 and assigned
Florida document number L23000018218.

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:

6409 SW 70TH CIRCLE

(Principal office address MUST BE A STREET ADDRESS)

OCALA, FL 34474

Enter new mailing address, if applicable:

6409 SW 70TH CIRCLE

(Mailing address MAY BE A POST OFFICE BOX)

OCALA, FL 34474

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:

6409 SW 70TH CIRCLE

Enter Florida street address

OCALA

Florida 34474

City

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

[illegible]

[illegible]

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.

Dated 3/2/24

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00