

LO9 00000 45778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

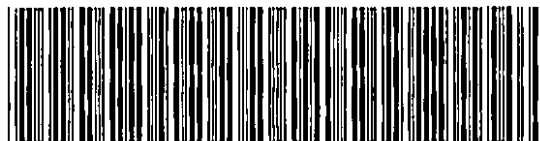
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OFFICE OF THE CLERK

US
11/19/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EPSILON REAL ESTATE SERVICES, 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:

ENRIQUE GOSEN

Name of Person

EPSILON REAL ESTATE SERVICES, LLC

Firm/Company

1121 CRANDON BLVD. APTD D206

Address

KEY BISCAYNE, FL 33149

City/State and Zip Code

egosen42@gmail.com

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

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For further information concerning this matter, please call:

DIANA SANCHEZ

954

915-7308

Name of Person

at ()

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**

EPSILON REAL ESTATE SERVICES, 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 5/11/2009 and assigned
Florida document number L09000045778.

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)

1121 CRANDON BLVD, APTD D206

KEY BISCAYNE, FL 33149

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1121 CRANDON BLVD, APTD D206

KEY BISCAYNE, FL 33149

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:

ENRIQUE GOSEN

New Registered Office Address:

1121 CRANDON BLVD, APTD D206

Enter Florida street address

KEY BISCAYNE

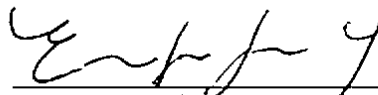
Florida 33149

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

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	PAOLA CAPPELLIN	240 CRANDON BLVD, SUITE 244	☐ Add
		KEY BISCAYNE, FL 33149	☒ Remove
			☐ Change
MGRM	ENRIQUE GOSEN	1121 CRANDON BLVD, APTD D206	☒ Add
		KEY BISCAYNE, FL 33149	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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			☐ Remove
			☐ Change

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2023 OCT 1, PM 3:12

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

Def. 01/2020

~~Signature of a member or authorized representative of a member~~

PAOLA CAPELLIN

Typed or printed name of signee

Filing Fee: \$25.00