

U13000082771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

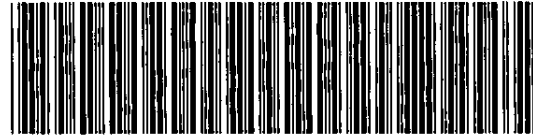
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800252724618

10/25/13--01014--017 **30.00

RECEIVED
FALL COUNTY PROBATION

13 OCT 25 AM 10:40

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EPIC MUSIC FESTIVAL, 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:

Priscilla Blanco
Name of Person

EPIC MUSIC FESTIVAL LLC
Firm/Company

14334 SW 133rd Ct
Address

Miami, FL 33180
City/State and Zip Code

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

For further information concerning this matter, please call:

Priscilla Blanco at 813 469-5254
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)

13 OCT 25 AM 10:00
 STATE OF FLORIDA
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

EPIC MUSIC FESTIVAL, 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 10/7/2013 and assigned Florida document number L13000082771

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 end with 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)

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
OCT 25 11 11 AM '13

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

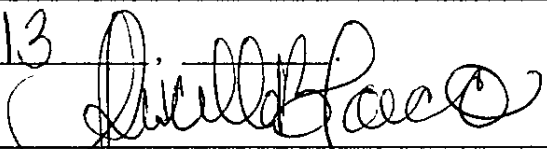
MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	ROSALIA Lastra	14334 SW 133rd Ct	<input type="checkbox"/> Add
		MIAMI, FL 33186	<input checked="" type="checkbox"/> Remove
MGRM	MIGUEL Gonzalez	14334 SW 133rd Ct	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33186	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE
 TALLAHASSEE
 13 OCT 2011
 11:00 AM

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 10/22/2013



Signature of a member or authorized representative of a member

Priscilla Branco

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
13 OCT 25 AM 10:41
STATE OF FLORIDA
TALLAHASSEE, FLORIDA