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Division of Corporations

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from:

Account Name : R&P ACCOUNTING AND TAXES INC

Account Number : 120170000090 Phone : (305)358-1310 Fax Number : (305)503-6701

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: and 87236 6 mail form

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EPIC EXPRESS SERVICE LLC

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JUN 10 2019

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EPIC EXPRESS SERVIC	CE LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our l Liability Company)	records.)	_
The Articles of Organization for this Limited Liability Compan Florida document numberL15000151646	y were filed on 09/03/2015	and	l assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation	"LLC" or the abbreviation	n "L.I. C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<del></del>	
	-1	<u> </u>	
Enter new mailing address, if applicable:		grt <u>.</u>	<u> ج</u>
(Mailing address MAY BE A POST OFFICE BOX)		, ;	
		·	<del></del>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our re ere:	ecords, <u>enter the-na</u>	© The new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street	address	
		, Florida	
	Cüy	Ζψ (	lode.
New Registered Agent's Signature, if changing Registered Agen	<u>:t:</u>		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and comple- accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my aut s provided for in Chapter	es, and Fam jumition 605, F.S. Or, if this	document is
IIC	nanging Registered Agent, <u>Sig</u> r	nature 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	<u>Address</u>	Type of Action
AMBR	Ingrid Mabel Roldan Bueno	200 NE 1st ST	
			□ Add
		Miami, FL 33132	
			Remove
			☐ Change
AMBR	Monica L. Murillo	200 NE 1st ST	
			D Add
		Miami, FL 33132	
			Remove
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			Change
			<u> </u>
			Remove [
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			Add
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			Change
			D Add
	y , galage an aga mangapanang angamang manangan ya napa ya ya fariba wa Pindi Mila Abindi Milababi Mila		a Aid
			□ Remove
			Change
			D Add
			<b>-</b> -
			Remove
			□ Change

MONICA L. MURILLO	ormation, enter change(s) he  O AUTHORIZED MEMBER	50%	.a. y mecessury.j	
JORGE BLANCO	MANAGER	50%		
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				_
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Tective date, if other than t	the date of filing:		_ (optional)	
ote: If the date inserted in this	must be specific and cannot be prior s block does not meet the applications.	to date of filing or more than 90 o able statutory filing requireme	lays after filing.) Pursuant to 60 ents, this date will not be lis	05.020 sted a
cument's effective date on the	Department of State's records.			
	ved effective date, but no	: an effective time, at 1	2:01 a.m. on the earl	ier o
record specifies a delay The 90th day after the r	ecord is filed.			
The 90th day after the ri	ecord is filed.	_·		
	ecord is filed.	_·		

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