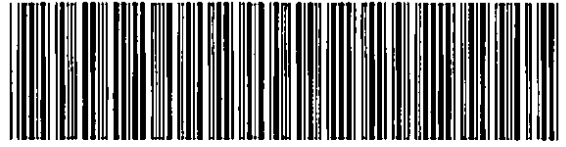


418000259746



800322194718

(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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SECRETARY OF STATE
TALLAHASSEE, FL

FILED

1. Name change from EPICex, LLC to EPICcoinEx, LLC
2. Update addresses for Members (AMBRs) Tensleep Financial Corporation and EPIC Corporation to:

2454 N. McMullen Booth Road
Suite 713
Clearwater, Florida 33759

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EPICex, 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:

James Xilas, Registered Agent
Name of Person

Firm/Company

1830 Oak Creek Drive
Address

Dunedin, FL 34698
City/State and Zip Code

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

For further information concerning this matter, please call:

James Xilas at (727) 424-3277
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2018 DEC 26 PM 1:49

EPICex, LLC

(Name of the Limited Liability Company as it now appears on our records.) FLORIDA STATE
(A Florida Limited Liability Company) TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on November 5, 2018 and assigned
Florida document number L18000259746.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

EPICcoinEx, LLC

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:

2454 N. McMullen Booth Road

(Principal office address MUST BE A STREET ADDRESS)

Suite 713

Clearwater, FL 33759

Enter new mailing address, if applicable:

- same as principal office address -

(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:

N/A

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 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.

N/A

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>
AMBR	Temple Financial Corporation	2454 N. McMullen Booth Rd.	<input type="checkbox"/> Add
		Suite 713	<input type="checkbox"/> Remove
		Clearwater, FL 33759	<input checked="" type="checkbox"/> Change
AMBR	EPIC Corporation	2454 N. McMullen Booth Rd.	<input type="checkbox"/> Add
		Suite 713	<input type="checkbox"/> Remove
		Clearwater, FL 33759	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Lined area for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated December 21, 2018

Handwritten signature of James Xilas

Signature of a member or authorized representative of a member

James Xilas

Typed or printed name of signee