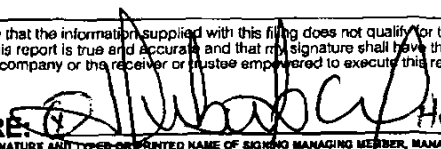


LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN -5 AM 9:51

DOCUMENT # L04000060081					
1. Entity Name EPSILON CONSULTING, L.L.C.					
Principal Place of Business 901 BRICKELL KEY BOULEVARD 1506 MIAMI, FL 33131			Mailing Address 901 BRICKELL KEY BOULEVARD 1506 MIAMI, FL 33131		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1487486	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LANZA, LISA 260 CRANDON BLVD., SUITE 48 KEY BISCAYNE, FL 33149				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent Signature Required when releasing)					
DATE _____					
Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS					
TITLE	MGR CABRERA MARIN, HUMBERTO ☒ Delete				
NAME	901 BRICKELL KEY BOULEVARD, APT 1506				
STREET ADDRESS	MIAMI, FL 33131				
CITY-ST-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
10. ADDITIONS/CHANGES					
TITLE	MGR ☐ Change ☒ Addition				
NAME	Juan Francisco Paredes				
STREET ADDRESS	901 Brickell Key Blvd., Apt. 1506				
CITY-ST-ZIP	Miami, FL 33131				
TITLE	20008474 ☐ Change ☒ Addition				
NAME	01/17/07--01040--019 **50.00				
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:  Humberto Cabrera Marin 12/11/06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					