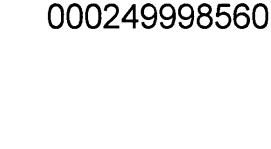
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PICK-UP WAIT MAIL
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COVER LETTER

TO:

Registration Section Division of Corporations

Epic Real Estate Sales, 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:

Katia Pereira

Name of Person

Epic Real Estate Sales, LLC

Firm/Company

2520 SW 22 ST # 2-044

Address

Miami, FL 33145

City/State and Zip Code

KatiaRealtor@Live.com

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

For further information concerning this matter, please call:

Katia Pereira

at (305) 747-8731

Area Code & Daytime Telephone Number

Name of Person

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

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Epic Real Estate Sales, LLC

(Name of the Limited Liability Company as it now appears on our records.

(A	Florida Limited L	iability Company)	TE, FLORIDA
The Articles of Organization for this Limited Li Florida document number L0900064835	ability Company	were filed on July 6, 2009	and assigned
This amendment is submitted to amend the follow. A. If amending name, enter the new name of		ility company beros	
A. If amending name, enter the new name of	the nimted hab	mity company nere:	
The new name must be distinguishable and end wit "L.L.C."	h the words "Limi	ted Liability Company," the desi	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		2520 SW 22 ST # 2-04	4
(Principal office address MUST BE A STREET ADDRESS)		Miami, FL 33145	
Enter new mailing address, if applicable:		2520 SW 22 ST # 2-04	4
(Mailing address MAY BE A POST OFFICE BOX)		Miami, FL 33145	
B. If amending the registered agent and/or the new registered of			, enter the name of the nev
Name of New Registered Agent:	Katia Pereira (same registered agent, new address)		
New Registered Office Address:	2520 SW 2	2 ST # 2-044	
		Enter Florida :	street address
	Miami	, F)	orida <u>33145</u>
		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 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:

<u>e</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)				
•				
Dated	7/18/13			
	Lauis			
	Signature of a member or authorized representative of a member			
	KATIA PEREIRA			
	Typed or printed name of signce			

Page 3 of 3

Filing Fee: \$25.00