

L17000109354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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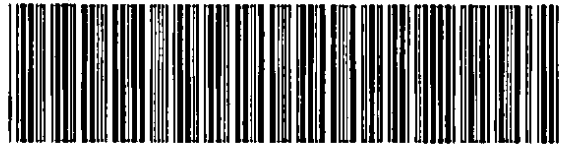
(Business Entity Name)

(Document Number)

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2021.11.30 AM 10:10

Albritton

DEC 15 2021

ALBRITTON

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: 4107 Epic 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:

Andrea Borell

Name of Person

Law Offices of Alexander E. Borell

Firm/Company

319 Clematis Street, Suite 200

Address

West Palm Beach, FL 33401

City/State and Zip Code

andrea@borelllaw.com

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

For further information concerning this matter, please call:

Andrea Borell

561 766-1452
at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

4107 Epic LLC

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

2021 JUN 30 AM 10:10

The Articles of Organization for this Limited Liability Company were filed on 05/17/2017 and assigned
Florida document number L17000109354.

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 contain 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

200 Biscayne Blvd. Way

Unit 4107

Miami FL 33131

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:

Juliano Machado

New Registered Office Address:

200 Biscayne Blvd. Way, Unit 4107

Enter Florida street address

Miami

City

Florida 33131

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.


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	Pedro Tavaréz	200 Biscayne Blvd. Way	<input type="checkbox"/> Add
		Unit 4107	<input checked="" type="checkbox"/> Remove
		Miami FL 33131	<input type="checkbox"/> Change
AMBR	Juliano Machado	200 Biscayne Blvd. Way	<input checked="" type="checkbox"/> Add
		Unit 4107	<input type="checkbox"/> Remove
		Miami FL 33131	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

[illegible]

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.

Dated Nov 11, 2021

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00.