## 121000498274

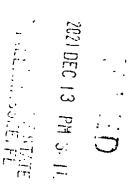
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A. BUTLER DEC 2 7 2021

## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT:	EPICARD CONSUL	TING SERVICES LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
	ndence concerning this matter	_	
	LOVETTE DOBSON		
	EOVETTE DOBSON	Name of Person	
		Name of Person	
	-	Firm/Company	
	17350 STATE HWY 249,	#220	
		Address	<del></del>
	HOUSTON, TX, 77064		
	EFILE1234@INCFILE.CO	City/State and Zip Code	
	E-mail address: (	to be used for future annual re	port notification)
For further information c	oncerning this matter, please c	all:	
LOVETTE DOBSON			462-3453
Name o	f Person	Area Code	Daytime Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S		Street Add Registrat	<u>ress:</u> ion Section
Division of C		———————————————————————————————————————	of Cornorations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

EPICARD CONSULT	TING SERVICES LLC
( <u>Name of the Limited Liability Com</u> (A Florida Limite	ipany as it now appears on our records.
The Articles of Organization for this Limited Liability Compar	ny were filed on 11/19/2021 Litti or and assigned
Florida document number L21000498274	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	ibility 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)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the name of the new registere
agent and of the new registered office address here.	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	·
New Registered Agent's Signature, if changing Registered Agen	<u>it:</u>

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 adderor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Richard Wood	3901 Nw 79th Ave. Ste #5425	□Add
		Doral, FL 33166	≣Remove
		<del></del>	□ Change
AMBR	Richard D Wood	6208 Holly Lane	≅Add
		Lantana Fl 33462	□Remove
			□Change
	<del></del>		
		<del></del>	□Remove
			Change
		<del></del>	Remove
			Change
			□ Add
			Remove
			□ Change
		<del></del>	□Add
			Remove
			□Change

anic	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an eff lote:	ve date, if other than the date of filing:
recore	I 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 ed.
ated	Dec, 01 , 2021
	Bicharl D. Wood
	Signature of a member or authorized representative of a member
	Richard D Wood  Typed or printed name of signee

DU D #86.00