

L17000035060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

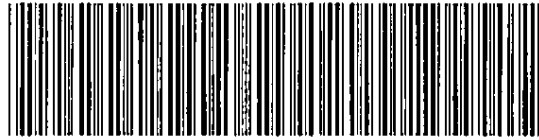
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CLERK OF STATE
TALLAHASSEE, FL

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2023 MAR 24 AM 11:48

CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EPIC CANNABIS DISPENSARIES 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:

Name of Person

EPIC CANNABIS DISPENSARIES LLC

Firm/Company

31564 U.S. 19 NORTH

Address

PALM HARBOR, FL 34684

City/State and Zip Code

LARRYCROW1247@GMAIL.COM

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

For further information concerning this matter, please call:

LARRY CROW

727 526-3529 X 101
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

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

[illegible]

2023 MAR 24 AM 9:44
CLERK OF STATE
TALLAHASSEE, FL

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TALLAHASSEE, FL

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 March 22, 2023

Signature of a member or authorized representative of a member

Registered Agent

Typed or printed name of signee