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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	E.P.I.S., Juc
DOCUMENT NUMBER:	587843
The enclosed Articles of Amendment and	fee are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
J.L	Name of Contact Person)
E.P. J	(Firm/Company)
140	N.W. MAVE
Mian:	City/ State and Zip Code)
For further information concerning this m	
(Name of Contact Person)	at (305) Aut Ma (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amo	ount made payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment**

to ·

Articles of Incorporation	TS CAR
of	00 000
E.P.I. S., I.c	AN OROS
(Name of Corporation as currently filed with the Florida Dept. of State)	A. Tage
587843	A. Ok
(Document Number of Corporation (if known)	ره

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

The new name must be distinguishable "incorporated" or the abbreviation "Corp" ("Co". A professional corporation nassociation," or the abbreviation "P.A."	.," "Inc.," or Co.," or the designa	ntion," "company," or ntion "Corp," "Inc," or
B. Enter new principal office address, if a (Principal office address MUST BE A STR		
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		
D. If amending the registered agent and/onew registered agent and/or the new r		da, enter the name of the
D. If amending the registered agent and/onew registered agent and/or the new remains and the new registered agent and/or the new remains and the new registered agent.		da, enter the name of the
new registered agent and/or the new r		·
Name of New Registered Agent:	egistered office address:	·

		ors, enter the title and name of each	
	ditional sheets, if necessary)	of each Officer and/or Director bein	g added:
<u>Title</u>	<u>Name</u>	Address	Type of Action
			D Damestia
			□ D
			<b>m</b> n
provis		xchange, reclassification, or cancellance and the am	
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The date of each amendment(s) adoption:
Effective date if applicable:  (no more than 90 days after amendment file date)
(no more than 90 days after amenament file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by"  (voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated
Signature  (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
J. L. Galleno
(Typed or printed name of person signing)
Director
(Title of person signing)