## L03000015448

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## **COVER LETTER**

TO: Registration S Division of Co				
SUBJECT:	South Shore Inv	estment Company,	LLC	
50 <b>50</b> 5011		ited Liability Company		-
The enclosed Articles o	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	condence concerning this matte	r to the following:		
	Thomas J. Frey Name of Person			_
South Shore Investment Co.				<u> </u>
		Firm/Company		
8808 Mathog Rd.				
		Address		_
	Riverview, FL 33578		2010 OCT 15 SEGRETARY O ALLAHASSEE	
	. 05	City/State and Zip Code		
	E-mail address:	PICconstructionservice (to be used for future annual repo	rt notification)	- SERY
For further information	concerning this matter, please	call:		TIS MILL: 2
	Tom Frey	at ( 813 )	215-6737	
Name	of Person		Daytime Telephone Num	ber
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 en	closed) Certif	Filing Fee, icate of Status & ied Copy ional copy is enclosed)
MAILING ADDRESS:			OURIER ADDRESS	:

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

South Shore Investm	nent Compan	y, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company	were filed on	04/30/2003	and assigned	
Florida document numberL03000015468				
Γhis amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :		
Epic Construction Serv	ices Company	, LLC		
The new name must be distinguishable and end with the words "Limi L.L.C."	ted Liability Compa	any," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:	8808 Mathog Rd.			
(Principal office address MUST BE A STREET ADDRESS)	Riverview, F	L 33578	· •••	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8808 Mathog		ZIN OCT IS IN	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, enter t	he mame of the new	
Name of New Registered Agent:				
New Registered Office Address:	Er	nter Florida street add	ress .	
	, Florida			
	City	, riorida	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:

MGR = Manager

MGRM = Managing Member Title <u>Address</u> Type of Action <u>Name</u> MEMB Steven M LaGarde 11705 Boyette Rd. Suite 458 \_ Add Riverview, FL 33569 ✓ Remove ☐ Add Remove ☐ Add Remove ∏Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 11 2010 Dated \_ Signature of a member or authorized representative of a member Thomas J. Frey Typed or printed name of signee

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Filing Fee: \$25.00