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SECRETARY OF STATE
FALL AHASSEE, FLORID

D. BRUCE NOV 0 2 2011 EXAMINER

COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT: Epi	c Manufactur Name of Limited Liability	Company LLC	
The enclosed Articles of Am	endment and fee(s) are submitted for fi	ling.	
Please return all corresponde	nce concerning this matter to the follow	ving:	
	Edward	Pic of Person	
-		Manufactur	ing LLC
-	6514 47Th S	treet North	Suite B
<u>-</u>	Pinellas Park City/State a	_, FL 3378 und Zip Code	<u> </u>
-	Ed@rynon	nobility.com future annual report notification)	— ARE S T
For further information conc	E-mail address: (to be used for erning this matter, please call:	future annual report notification)	I ARY OF ASSEE, I
Edward Name of Pe	Pic at (727, 52 - 605 Area Code & Daytime Telepho	
Enclosed is a check for the fo	ollowing amount:		
\$25.00 Filing Fee	Certificate of Status Certi	Filing Fee & fied Copy (tional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registration Division o P.O. Box 6	f Corporations	STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Epic Manu-	facturing LLC	2_
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as It now appears (Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Florida document numberL 05 000 631 6	Company were filed on <u>の</u> し <u>ち</u> .	27 2005 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin		
Epic Marine Ma	nufacturing	LLC
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company	," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	***************************************	Ď.,.
(Principal office address MUST BE A STREET ADD	RESS)	
		ASSEE.
Enter new mailing address, if applicable:		FSI W D
(Mailing address MAY BE A POST OFFICE BOX)	<u>. ,</u>	SIATE SIATE
B. If amending the registered agent and/or registered agent and/or the new registered office adented the second se		
New Registered Office Address:		
New Registered Office Address.	Enter	· Florida street address
		, Florida
	City	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 Changing Registered Agent, Signature of New Registered Agent

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:

Title Name Address Type of Action Add Remove	MGR = Manager MGRM = Managing Member				
Remove Add Remove Add Remove	<u>ən</u>				
Remove Add Remove					
Remove					
AddRemove					
Add Remove					
AddRemove					
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)					
TALLAHAS	ū				
Dated October 28th, 2961.]				
Signature of a member or authorized representative of a member Edward Fic Typed or printed name of signee					

Page 2 of 2

Filing Fee: \$25.00