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D. BRUCE

MAY 24 2011

EXAMINER

COVER LETTER

TO:

TO:	Registration S Division of Co				
SUBJE	· ECT:	EP	IC 52, LLC		
			ited Liability Company		
The end	closed Articles of	f Amendment and fee(s) are su	bmitted for filing.		
Please	return all corresp	ondence concerning this matte	r to the following:		
			DANA M. KAUFMAN		
			Name of Person		
		KAUI	FMAN & COMPANY, P.A.		
		· , , , , , , , , , , , , , , , , , , ,	Firm/Company		
		1200	BRICKELL AVE STE 950)	
1200 511101		Address	<u></u>	- Sentence	
			MIANI EL 22424		
			MIAMI, FL 33131 City/State and Zip Code		MAY 23
		DKAUFM	MAN@KAUFMANCPAS.C	ОМ	project man.
		E-mail address: (to be used for future annual report no	tification)	
For furt	her information	concerning this matter, please	call:		
	DANA	A M. KAUFMAN	at (305)	455-0314	
	Name o	of Person		ime Telephone Number	
Enclose	ed is a check for t	he following amount:			
▼ \$25.00 Filing Fee \$.		\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified	te of Status &
	Regist Divisio P.O. B	AING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUF Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EPIC (52, LLC			
(<u>Name of the Limited Liability Comr</u> (A Florida Limited	pany as it now appears on or i Liability Company)	ur records.)		
The Articles of Organization for this Limited Liability Compar Florida document number L08000017845	ny were filed on <u>FEBRU</u>	ARY 19, 2008	and assigned	
Piorida document number				
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 end with the words "Lin"L.L.C."	mited Liability Company," th	e designation "LLC"	or the abbreviation	
Enter new principal offices address, if applicable:	·			
(Principal office address MUST BE A STREET ADDRESS)		Teles Teles		
	· · · · · · · · · · · · · · · · · · ·			
Enter new mailing address, if applicable:			22	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	THE CO.		
			GD	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		cords, enter the n	ame of the nev	
to the new registered office address in	ere.			
Name of New Registered Agent:				
New Registered Office Address:	, pt.			
	Enter Florida street address			
	City	, Florida	p Code	
	c_{ny}	Zij	p coue	

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:

MGR = Manager

MGRM = Managing Member <u>Address</u> Type of Action <u>Title</u> Name | **MGRM** NICOLA SCHON 200 BISCAYNE BLVD WAY #5207 ☐ Add Remove MIAMI, FL 33131 NICOLA SCHON MGR 200 BISCAYNE BLVD WAY #5207 **✓** Add Remove MIAMI_FL 33131 ☐ Add Remove ∏ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (C)(2) **MAY 19** 2011 Dated ____ Signature of a member or authorized representative of a member ĎANÁ M. KAUFMAN Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00