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J. BRYAN

JUN 25 2009

EXAMINER

COVER LETTER

TO:	Registration Sect Division of Corpo				
SUBJE	CT:	Epic Gr	roup One, LLC		
		Name of Limi	ited Liability Company		
The end	closed Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please	return all correspon	dence concerning this matter	to the following:		
					3 9 m
			Volker Haiges		SECRETARY OF STATE
			Name of Person		製って
			Name of Person		100 P
		Epic Group One, LLC			門のきて
			Firm/Company		FLO STA
2080		20201	Biscayne Blvd., Suite 40	าร	all of
		20001	Address		·
		A	ventura, Florida 33180		
		City/State and Zip Code			
			vhaiges@aol.com		
		E-mail address: (to be used for future annual report no	otification)	
For fur	ther information cor	ncerning this matter, please o	call:		
	Voli	ker Haiges	at (305)	491-4492	
Name of Person			time Telephone Number		
Enclose	ed 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 enclo	sed) Certified	e of Status &
MAILING ADDRESS: Registration Section		STREET/COU	TRIER ADDRESS:		

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

	Epic Group One, LLC			
(Name of the Limited L	Liability Company as it now appear Florida Limited Liability Company)	s on our records.)	To The state of th	
(A)	riorida Limited Liability Company)		100 J	
The Articles of Organization for this Limited Lia	bility Company were filed on	05/14/2009	and assigned	
Florida document numberL09000468				
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liability company her	<u>e</u> :		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	ny," the designation	"LLC" or the abbreviation	
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET	ADDRESS)			
	_,, _ ,, _,			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u> </u>			
B. If amending the registered agent and/or registered agent and/or the new registered offi		our records, <u>enter</u>	the name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	Cit.	, Florida _	Zip Code	
	City		zip Coae	

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>Title</u> **Name Address Type of Action** Red Star Marketing Group MGRM 20801 Biscayne Blvd, Suite 403 ☐ Add ✓ Remove Aventura, FL 33180 Laser Innovations LLC MGRM 7921 East Dr. 20 ☐ Add North Bay Village, FL 33141 ✓ Remove MGRM The Laser Innovations LLC 7921 East Drive #20 ✓ Add North Bay Village, FL 33141 Remove Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 19 Dated Signature of a member or authorized representative of a member NARUN M-AO Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00