

LI00000957

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TAREK EPIC, LLC

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14 SEP -2 PM 3:50

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

SEP 03 2014

J. BRUCE



August 26, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TAREK EPIC, LLC
800 DOUGLAS ROAD
SUITE 880
CORAL GABLES, FL 33134

SUBJECT: TAREK EPIC, LLC
REF: L10000000957

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

FAX Aud. #: H14000199908
Letter Number: 114A00018282

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DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

2014 SEP -2 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

TAREK EPIC, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on JANUARY 5, 2010 and assigned Florida document number L10000000957.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Corporate Maintenance Services, LLC

New Registered Office Address:

1000 Brickell Avenue, Suite 400

Enter Florida street address

Miami

City

Florida 33131

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 605, 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

2010 SEP - 2 PM 4: 04
CLERK OF STATE
TALLAHASSEE FLORIDA

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

Title	Name	Address	Type of Action
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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 DEPARTMENT OF STATE
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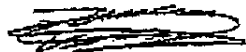
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

~~_____~~
~~_____~~
~~_____~~
~~_____~~

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 19, 2014



Signature of a member or authorized representative of a member:

Tarek Hamdallah

Typed or printed name of signer

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CLERK OF STATE
TALLAHASSEE FLORIDA

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