

L11000028180

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
APR 22 2011
EXAMINER

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Estate Epic LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aurelio Durana, Esq.
Name of Person

Aurelio Durana, Esq.
Firm/Company

717 Ponce de Leon Blvd., Suite 225
Address

Coral Gables, FL 33134
City/State and Zip Code

Aurelio@Duranalaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aurelio Durana, Esq. at (305) 446-3883
Name of Person Area Code & Daytime Telephone Number

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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 enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Estate Epic LLC

The Articles of Organization for this Limited Liability Company were filed on March 7, 2011 and assigned Florida document number L11000028180.

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

Enter new principal offices address, if applicable:

7201 SW 129 Street

(Principal office address MUST BE A STREET ADDRESS)

Pinecrest, FL 33156

Enter new mailing address, if applicable:

P.O. Box 562365

(Mailing address MAY BE A POST OFFICE BOX)

Miami, FL 33256

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:

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:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Sabrina Zampa	200 Biscayne Boulevard Way #3909 Miami, FL 33131	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Sabrina Zampa	7201 SW 129 Street Pinecrest, FL 33156	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

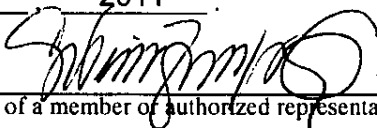
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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TALLAHASSEE, FLORIDA

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Dated April 19 2011



Signature of a member or authorized representative of a member

Sabrina Zampa

Typed or printed name of signee