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MAR 02 2016

S. YOUNG

LAW OFFICES OF
BARRY A. DIAMOND, P.A.
CORAL SPRINGS PROFESSIONAL CAMPUS
5541 NORTH UNIVERSITY DRIVE, SUITE 103
CORAL SPRINGS, FLORIDA 33067
BDIAMONDLAW@BELLSOUTH.NET

BROWARD: (954) 752-5000 * FAX: (954) 752-0558

February 24, 2016

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: **Articles of Amendment for EPAM LLC**
DOCUMENT NUMBER: L11000092349

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TALLAHASSEE, FLORIDA
16 MAR - 1 PM 3:36

Gentlemen:

Enclosed herewith, in duplicate, please find Articles of Amendment for the following corporation:

EPAM LLC

Also enclosed is our check in the amount of \$25.00 for filing said Articles and a copy to be returned to the undersigned at the above-referenced address.

Should you have any questions whatsoever regarding the foregoing, please do not hesitate to contact our office.

Very truly yours,


BARRY A. DIAMOND

BD/dl

encs.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EPAM 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:

BARRY A. DIAMOND

Name of Person

BARRY A. DIAMOND, P.A.

Firm/Company

5541 N. UNIVERSITY DRIVE, SUITE 103

Address

CORAL SPRINGS, FL 33067

City/State and Zip Code

BDIAMONDLAW@BELLSOUTH.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BARRY A. DIAMOND

954 752-5000
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

16 MAR - 1 PM 3:36

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

EPAM 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 8/11/2011 and assigned
Florida document number L11000092349.

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 contain 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:

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 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CARLOS BARRIONUEVO	11980 NW 81ST COURT	<input type="checkbox"/> Add
		PARKLAND, FL 33067	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CARLOS BARRIONUEVO	11980 NW 81ST COURT	<input checked="" type="checkbox"/> Add
		PARKLAND, FL 33067	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA
JAN 11 2016
10:03 AM

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

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SECRETARY OF STATE
ITALY (COSTA, 1900)

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

2/24/2016

Signature of a member or a

Signature of a member or authorized representative of a member

CARLOS BARRIONUEVO

Typed or printed name of signee