Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000240462 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: PARJUS & ASSOCIATES, P.A.

Account Number : I20110000055

: (954)593-5310

Fax Number

: (954)337-0568

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **EPIC 3105, LLC**

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

https://efile.sunbiz.org/scripts/efilcovr.exe

Page 1 of 2

E Gigitan

FILE B.6

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2013 OCT 30 AN IO: 02

SECRETARY OF STATE TALL AMASSEE, FLORIDA

| , |
|---|
| FPIC 3105 11C |
| (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) |
| (A Florida Limited Liability Company) |
| The Articles of Organization for this Limited Liability Company were filed on 9/13/1/ and assigned |
| Florida document number L11000104784 |
| Tiorida document dumber |
| 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: |
| 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

Page 1 of 3

| Oct 29 | 13 | 05.2 | 3n |
|----------|----|------|----|
| 40 CL 23 | 10 | VV.2 | JU |

Parjus & Associates. P.A.

9542185909

p.7

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 |
|--------------|-------------------------|--------------------------------|----------------|
| MGRM | Arturo Ortega Hernandez | 848 Brickell Key Dr. Apt. 4404 | Add |
| | | Miami, FL 33131 | Remove |
| MGR_ | Myriam Ortega Quintero | 1730 Main St. Suite 212 | Add |
| | | Weston, FL 33326 | Remove |
| | | | Add |
| | | | Remove |
| | | | Add |
| | | | Remove |
| | | | - |
| | | | _ L Add |
| | | | Remove |
| | | | Add |
| | | | Remove |
| | | | |

| D. If amen | ding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|------------|---|
| <u></u> | |
| · <u> </u> | |
| | |
| | .00.0010 |
| Sated June | 28, 2013 |
| | Signature of a member or authorized representative of a member |
| | Myriam Ortega Quintero Typed or printed name of signee |
| | Page 3 of 3 |

Filing Fee: \$25.00

FILED MID: 02