Division of Corporations

0010581 Parjus & Associates. P.A.

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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

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: (850)617-6383

From:

Account Name

: PARJUS & ASSOCIATES, P.A.

Account Number: 120110000055

Phone Fax Number : (954)593-5310 : (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 5111, LLC

OCT 30 PM 4: 00

Certificate of Status Certified Copy O 4 Page Count \$25.00 Estimated Charge

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EPic 5	III, LLC			
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appear imited Liability Company)	rs on our records)	
The Articles of Organization for this Limited Liability Co	ompany were filed on	9/13/20	n /	and assigned
Florida document number L 11 000 to 505/				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company her	<u>·e</u> :		
The new name must be distinguishable and end with the word "L.L.C."	ls "Limited Liability Compa	ny," the designati	on "LLC"	or the abbreviatio
Enter new principal offices address, if applicable:		ý.	ا راهان آن	
(Principal office address MUST BE A STREET ADDRE	ESS)		Be	S ****
				annes
Enter new mailing address, if applicable:			14	Č je
(Mailing address MAY BE A POST OFFICE BOX)			Y	RIT
				39 9 3
B. If amending the registered agent and/or registered agent and/or the new registered office addre	red office address on o	our records, <u>en</u> t	الوه	ಬ <u>ame of the ne</u> s
registered agent shows the new registered office andre	ess nere.			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	City	, Florida		o Code
N P 14 4 1 1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1			2.1	o Cour

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
MGRM	Arturo Ortega Hernandez	848 Brickell Key Dr. Apt. 4404	Add
		Miami, FL 33131	Remove
MGR	Myriam Ortega Quintero	1730 Main St. Suite 212	∧dd
		Weston, FL 33326	Remove
-			Add
			Remove
		The state of the s	Add
		See A	Remove
			Remove
			Add
•			Remove

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Öct	29	13	05	:26	р

Parjus & Associates, P.A.

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D. If	amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated	June 28, 2013
	Signature of a member or author of Tepresentative of a member
	Myriam Ortega Quintero
	Typed or printed name of signee

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