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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARJUS & ASSOCIATES, P.A.

Account Number: I20110000055 Phone : (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.

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EPIC 4214, LLC

Certificate of Status O Certified Copy Page Count 04 Estimated Charge \$25.00

J. SAULSBERRY

OCT 3 1 2013

Page 1 of 2

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

EPIC 421	4. LLC				
(Name of the Limited Liability (A Florida Li	Company as it now mited Liability Cor	v appears on ou npany)	r records.)		
The Articles of Organization for this Limited Liability Co Florida document number	mpany were filed			and assig	ned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ed liability comp	any here:			
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability	y Company," the	designation "LLC"	or the ab	breviation
Enter new principal offices address, if applicable:			,	20	
(Principal office address MUST BE A STREET ADDRI	ESS)		11	3C)	
			,	30	- 146
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)		41113		<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		ss on our rec	cords, enter the	name of	the new
Name of New Registered Agent:					
New Registered Office Address:	, ,	Enter Flor	rida street address		
			_, Florida		
	City			Lip 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

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Parjus & Associates, P.A.

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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>	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
			3007 300 Add
			Remove
			Add
			Remove
			Add
			Remove

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Parjus & Associates. P.A.

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٠.	lf amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
		
at	_{ed} June	28, 2013
		Signature of a member or authorized representative of a member
		Myrlam Ortega Quintero Typed or printed name of signee

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