# 11200031840

(Re	questor's Name)	
(Ad	dress)	<u> </u>
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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# **COVER LETTER**

Division of Corporations
SUBJECT: EPIC Productions (IC  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:
Dana Gayoso Name of Person
EPTC Productions (IC
7958 Pinos Bud 444
Pembroke Pines, FL. 33024 City/State and Zip Code
DGOUDS CO EDIC ONS, Net Jemail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (954) 270 835  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scertificate of Status Certified Copy (additional copy is enclosed)  \$25.00 Filing Fee Certified Copy (additional copy is enclosed)  \$25.00 Filing Fee 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EPIC POOLS	ny as it now appears on our records.	)
(A Florida Limited I	Liability Company)	•
The Articles of Organization for this Limited Liability Company Florida document number 120031840	were filed on 3 6 2	2012 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		<u> </u>
		NO NO
	·	SS.
B. If amending the registered agent and/or registered of		enter the name of the new
registered agent and/or the new registered office address here		
		SA .
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	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 Title Name **Address Type of Action** Richard Storch 7958 Pines Blud. 444 DAdd Pembroke Pines, FL, 33024 & Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Remove ☐ Change \_□ Add ☐ Remove ☐ Change \_□ Add ☐ Remove

☐ Change

If amending any other information, enter change(s) here: (Attach additional sheet	ts, if necessary.)	
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Effective date, if other than the date of filing: QQQQQQQQQQQQQQQQQQQQQQQQQQQQQQQQQQQQ		
the record specifies a delayed effective date, but not an effective time, at The 90th day after the record is filed.	12:01 a.m. on the ear	lier of:
Dated November 16th, 2016.		
Dana Causa Signature of a member or authorized representative of a memb	er	
Dero Gayoso Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00