

L12000037895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

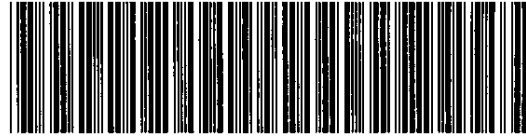
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA
SECOND DEPT OF STATE

J. BRYAN

SEP 18 2012

EXAMINER

COVER LETTER

TO: Registration Section,
Division of Corporations

SUBJECT: Epic Approach Marketing Solutions
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:

Phillip Lipsey
Name of Person

Epic Approach Marketing
Firm/Company

8955 US Highway 301 N.
Address

Parrish, FL 34219
City/State and Zip Code

phil.shbi@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Phillip Lipsey at (813) 655-7424
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$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

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TALLAHASSEE, FL
REGISTRATION SECTION

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

Epic Approach Marketing Solutions
(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 3/19/12 and assigned
Florida document number L12000037895.

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)

8955 US Highway 301 N.
Parrish, FL
34219

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:

Phillip Lipsey

New Registered Office Address:

8955 US Highway 301 N.
Enter Florida street address

Parrish
City

Florida

34219
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.

Phillip Lipsey
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:

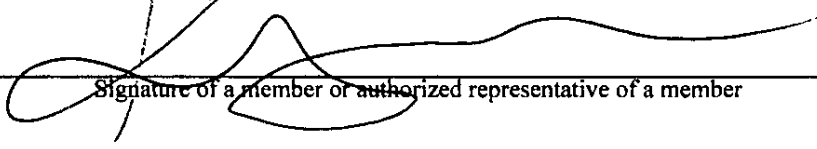
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Kym Spurgin	4726 GIFFORD BLVD ORLANDO, FL 32821	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
mgrm	Phillip Lipsey		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated Sept 11 2012



Signature of a member or authorized representative of a member

Typed or printed name of signee

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STATE OF FLORIDA
TALLAHASSEE