10/19/2016 12:08

GUZMAN & GUZMAN PA

Division of Corporations

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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GUZMAN & GUZMAN, P.A.

Account Number : I20080000090

Phone : (305)670-1991 : (305)670-1993

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIG **EPLINORTH LLC**

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8. WARREN

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

EPLINORTH LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	nppears on our records.)
The Articles of Organization for this Limited Liability Company were filed Plorida document number <u>L12000055491</u>	on 04/24/2012 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	any here:
The new name must be distinguishable and contain the words "Limited Liability Company,	•
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	20 m
	Page Page Page Page Page Page Page Page
	A TIME
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX	0812 0811 2
	Şm 2
B. If amending the registered agent and/or registered office address to registered agent and/or the new registered office address here: Name of New Registered Agent:	ess on our records, enter the name of the
New Registered Office Address:	ter Florida street address
	. Florida
City	Zip Code

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 Now Registered Agent

If smending 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

<u>Title</u>	Name	Address	Type of Action
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		MIAMI, FL 33156	☐ Change
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If amending any other information, enter change(s) here: (Atlaci	T MAGNITURAL SHE W.S.	A Macabata 3-3	
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Sective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of fil Ote: If the date inserted in this block does not meet the applicable statuto icument's effective date on the Department of State's records.	ing or more than 90 days	optional) safer (ling.) Pursuant s, this date will not b	o 603,0201 ; (isted as
record specifies a delayed effective date, but not an effec	tive time at 12.	Otam on the e	arlier o
The 90th day after the record is filed.		01 G, (() G) (() G)	
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