112000083027

	(Requestor's Name)
<u> </u>	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer:

Office Use Only



000390052360

LLC arrend

00/24.7 = 00/35 = 005 • 202 JUN 24 AM 9: • 120 Jun 24 AM 9: • 120 Jun 24 AM 9:

> RECEIVED 2022 JUN 24 PM 2: 3,

ယ္ပ

A. RAMSEY JUN 27 2022

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

4007 EPIC, LLC		
4007 EFFC, EEC		
		
	<u> </u>	
	· · · · · · · · · · · · · · · · · · ·	Aut of the City
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art, of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitions Search
Signature		Fictitious Owner Search
	- 	Vehicle Search
Baguage d hou		Driving Record
Requested by: SETH	06/24	UCC 1 or 3 File
Name	Date Time	UCC 11 SearchUCC 11 Retrieval
Walk-In	Will Pick Up	
174 Ponder's Printing - Thom issues GA &/CC		

COVER LETTER

	ion Section of Corporations		
220 115 117 (227)	4007 Enic	ted Liability Company	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Artic	cles of Amendment and fee(s) are sub-	mitted for filing.	
Please return all co	prrespondence concerning this matter	to the following:	
	Monica	Montero Name of Person	
		Firm/Company	
	150 Alha	Address bles FL 33134 City/State and Zip Code a banesco. Com to be used for future annual report notifica	te 715
	Coral Gal	bles FL 33134	
	momontero	a banesco. com to be used for future annual report notifica	ation)
For further inform	ation concerning this matter, please co		
<u> Moni</u>	Ca Montero Name of Person	at (305) 742 - Area Code Daytime T	elephone Number
Enclosed is a chec	k for the following amount:		
XS25.00 Filing	Fee S30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing .	Address:	Street Address:	ion

Registration Section
Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JEN 24 AM 9: 39

	COSC COM EA HELDON
(Name of the Limited Liability Company as it now	appears on our records.)
(A Florida Limited Liability Com	pany)
The Articles of Organization for this Limited Liability Company were filed Florida document number <u>L12000083037</u>	on <u>06/22/2012</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	uny here:
The new name must be distinguishable and contain 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)	
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 agent and/or the new registered office address here:	our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	ster Florida street address
City	, Florida 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Carlos Alberto Escotet	450 Como Avenue	X Add
		450 Como Avenue Coral Gables, FC 33146	Remove
			□Change
			[]Add
			□Remove
			Change
			□Add
			□Remove
			Change
			[]Add
			[]Remove
			□Change
		□Add	
			🗆 Remove
			□Change
			□Add
			Remove
			□Change

. If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
Note: 1	e date, if other than the date of filing: 06/08/303 (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as that's effective date on the Department of State's records.
the record cord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	June 3, 2022.
	June 3 , 2022. GREAGE
	Signature of a member or authorized representative of a member
	Carlos Alberto Escotet Typed or printed name of signee

Filing Fee: \$25.00